



**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
FIJI  
RAPID RESPONSE  
TROPICAL CYCLONE WINSTON 2016**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Osnat Lubrani**

## REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (R) was conducted and who participated.

An AAR was organized by OCHA and chaired by the Resident Coordinator (RC) on 27 September 2016. The lessons learnt exercise was attended by recipients of CERF funding: UNFPA, UNDP, WHO, UN Women and UNICEF. A bilateral meeting between OCHA, IOM and FAO was also held 4<sup>th</sup> October 2016 to complete the AAR as these agencies could not attend the initial meeting. Similarly, the Government of Fiji convened a workshop on lessons learnt from the response to Tropical Cyclone (TC) Winston on 26 July 2016, jointly organized by the Secretariat of the Pacific Community with support from the European Union and was attended by Government Ministries, international, regional and local humanitarian actors, donors and UN agencies. UNOCHA was also part of the workshop working group and assisted in the preparation and facilitation, including documenting the outcome of the workshop. At national cluster level, clusters conducted their lessons learnt exercise from TC Winston in which the outcome was consolidated through the National inter-cluster coordination group, under the Fiji Ministry of Rural & Maritime Development and National Disaster Management.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 38.6 million		
Breakdown of total response funding received by source	Source	Amount
	CERF	8,022,382
	COUNTRY-BASED POOL FUND (if applicable)	N/A
	OTHER (bilateral/multilateral)	8,910,678
	<b>TOTAL</b>	<b>16,933,060</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 3 March 2016			
Agency	Project code	Cluster/Sector	Amount
UNICEF	16-RR-CEF-029	Education	798,719
UNICEF	16-RR-CEF-030	Nutrition	328,383
UNICEF	16-RR-CEF-031	Water, Sanitation and Hygiene	1,082,575
UNICEF	16-RR-CEF-032	Safety and Protection	209,966
FAO	16-RR-FAO-008	Agriculture	535,826
UNFPA	16-RR-FPA-015	Health	300,472
UNFPA	16-RR-FPA-016	Safety and Protection	198,148
IOM	16-RR-IOM-015	Shelter	1,100,067
IOM	16-RR-IOM-016	Safety and Protection	200,000
UNDP	16-RR-UDP-003	Agriculture	124,174
WFP	16-RR-WFP-013	Common Telecommunications	44,940
WFP	16-RR-WFP-014	Common Logistics	208,650
WFP	16-RR-WFP-015	Food	2,028,640
WHO	16-RR-WHO-012	Health	672,699
UN WOMEN	16-RR-WOM-003	Safety and Protection	189,123
<b>TOTAL</b>			<b>8,022,382</b>

**TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)**

Type of implementation modality	Amount
Direct UN agencies/IOM implementation	6,377,547
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	839,287
Funds forwarded to government partners	805,548
<b>TOTAL</b>	<b>8,022,382</b>

## **HUMANITARIAN NEEDS**

On 20 and 21 February, Category 5 Tropical Cyclone (TC) Winston cut a path of destruction across Fiji. The cyclone was estimated to be one of the most severe ever to hit the South Pacific and directly affected an estimated 350,000 people – approximately 40 per cent of the total population of Fiji. Of this number, 170,000 were women and 180,000 were men. They included 90,000 children of school age and 3,100 people with disabilities. The hardest-hit areas were the Lau Group (including Vanua Balavu) and Lomaiviti (including Koro) in the Eastern Division, Rakiraki and Tavua in the Western Division and Taveuni and Cakandrove in the Northern Division.

Immediate response efforts were led by the Government of Fiji which had ensured that preparedness plans were put in place prior to the disaster. The Government of Fiji estimated the total damage bill at more than FJ\$1 billion – almost US\$0.5 billion. In recognition of the severity of the disaster, on 22 February the Fiji Government requested international assistance and declared a 30-day State of Natural Disaster.

The destruction of 100% crops and the loss of livestock had a devastating impact causing food insecurity, particularly in communities already struggling with the effects of El Niño, and also because Fiji's population is highly reliant on subsistence farming for food security and livelihoods. Many hospitals, health centres and nursing stations sustained structural and functional damage. In the Western Division alone, 43 out of 57 health centres were damaged. Initial assessments of education facilities conducted by the Ministry of Education indicated that of the 901 schools in the country, around 20% were damaged and an additional 7% were completely destroyed. Health services for maternal and new-born health, especially at community level, were disrupted. Children were particularly vulnerable due to limited access to adequate care and nutritious food plus increased exposure to diseases.

Based on estimations by assessment teams, a total of 30,369 houses were damaged or destroyed. In the immediate aftermath of TC Winston, the government opened a total of 758 designated evacuation centres in all four divisions, which, at their peak (February 26, 2016), provided shelter for 62,000 men, women and children. The living conditions of people in the shelters were a significant public health and protection concern. Limited access to safe sanitation facilities and basic hygiene materials, including soap and sanitary pads for women and girls, were serious health concerns and inadequate sanitation facilities also placed individuals, particularly women and children, at increased risk of violence or abuse as water sources were being accessed after dark for bathing.

Reports of harassment, physical and sexual violence in and around sites of temporary displacement, including in evacuation centres, were of concern, requiring urgent interventions to ensure the protection of the most vulnerable groups of women, adolescent girls, children, older people, and people with disabilities.

In March 2016, the Fiji Government launched the Flash Appeal, requesting an amount of US\$38.7 million to initiate a 3-month emergency response. To guarantee life-saving activities, an amount of \$8,022,382 was requested via the CERF Rapid Response Window through the RC/HC, in coordination and consultation with the Pacific Humanitarian Team (PHT).

During the emergency, the Government led the response with its strong national structure for disaster preparedness and emergency operations. The National Disaster Management Office (NDMO) coordinated efforts and activated the National and Divisional Emergency Operations Centres (EOCs).

## II. FOCUS AREAS AND PRIORITIZATION

The Government of Fiji took an active role in leading a nationwide assessment of communities affected by TC Winston. The assessment was complemented by other key national actors, which included the Fiji Red Cross who collaborated with the Government in the initial damage assessment. The UN, with the support of the UNDAC, also conducted assessments and information was shared with Fiji's NDMO to ensure the coordination of data collected from field assessments to inform the ongoing relief phase. A review of secondary data and analysis of the Immediate Needs Assessments confirmed that food, shelter, health, water and sanitation were the priority needs. Based on this, the immediate needs for response were emergency shelter, food, essential non-food items, psychosocial support, water- and vector-borne disease prevention and hygiene promotion. The health component was integrated with issues related to gender and sexual and reproductive health (RH).

Relevant need findings by UNICEF indicated that 494 schools (113 Early Childhood Care and Education, ECCE, 313 primary schools and 67 secondary schools) or 55% of total schools had their infrastructure either damaged or destroyed. Some 120,000 children directly experienced the devastation caused by TC Winston with 85,000 students (48% girls and 52% boys) having their schooling disrupted. Prioritization of activities and schools were discussed, with the **Education** Cluster at the Ministry of Education and Heritage Arts taking the lead with the support of UNICEF and Save the Children. Information from assessments conducted by partners and the Government identified gaps which helped designate the priority activities and focus the targets for the response plan.

The prioritization of activities for **health and nutrition** was agreed and discussed with the Health and Nutrition Cluster (HNC) led by the Ministry of Health. UNICEF, the WHO and cluster members UNFPA, the Fiji Red Cross and Medical Services Pacific collaborated in the planning and prioritization. Among the priorities, identified as part of the response plan, was the need to provide nutrition support to treat and prevent deterioration of the nutritional status of children and pregnant and lactating women through the delivery of maternal, infant and young child feeding support, treatment of severe malnutrition and provision of micronutrients in the affected areas.

The continuous discussion with and feedback from the **Water, Sanitation and Hygiene (WASH) cluster** forum and with individual WASH clusters, allowed for better coordination to prevent overlaps of activities in the 12 affected regions designated by the Government. With support from UNICEF, the cluster lead consolidated all the information and supported the compilation of the finalised priority Humanitarian Action Plan and response plan in WASH.

CERF was used to respond to the WASH needs of over 70,000 people living in areas hit by TC Winston. Priority was given to children living in evacuation centres, in communities hosting evacuees, and students displaced from classrooms and schools that were severely damaged, destroyed or used as evacuation centres. These areas included most affected communities in the Tailevu North region, Bua, Taveuni, Koro Island and the Ra and Ba Districts.

The extensive destruction of food crops, both in rural and urban areas, seriously affected household income, food security and nutrition, with vegetable and root crop prices increasing significantly after the cyclone. At the onset of the disaster-response the Government rapidly began deliveries of key relief supplies including emergency food rations. Based on Government-led assessments for the **food security sector**, WFP complemented national emergency response efforts by launching a joint food assistance operation through cash-based transfers (CBTs) with the Ministry of Women, Children and Poverty Alleviation. Leveraging the Government's Social Safety Net programmes, targeting and associated transfer mechanisms, WFP channelled its assistance as cash 'top-ups', incrementally increasing the purchasing power of beneficiaries' regular allowances disbursed under the Poverty Benefit Scheme, Care and Protection Allowance and Social Pension Scheme. Beneficiaries included the elderly, disabled and chronically ill, as well as needy families with children living in Vanuabalavu, Koro, Lomaiviti Group, Taveuni, Savusavu, Bua, Nabouwalu, Tailevu, Ra, Rakiraki, Tavua, Ba, Lautoka and the Yasawas. Vouchers – electronic and paper – were exchanged at pre-selected retailers for a choice of specified food commodities from a pre-determined list of 130 items, whose transfer value corresponded to a food basket providing 2,100 kcal per person per day.

Through CERF, and in a collaborative effort, FAO and the UN Women's Markets for Change project distributed agro-supplies. This collaboration aimed at supporting about 1000 farmers/vendors affected by TC Winston. Through the Food and Livelihood Cluster, the linkages between the municipal markets and farmers/vendors were identified as an entry point to support humanitarian response and food security efforts following the widespread destruction of TC Winston. Four Markets for Change project market sites served as distribution points for market vendor farmers – in Ba, Lautoka, Tavua and Rakiraki.

Extremely strong winds and storm surges caused widespread damage with initial reports indicating varying levels of destruction.

At its peak immediately after the cyclone, the **shelter** cluster indicated that some 55,000 people were evacuated. While the actual number of houses destroyed and damaged varied after the disaster, it was evident that shelter was one of the most affected sectors due to the strength of the Category 5 cyclone and based on the number of people who were immediately evacuated. Based on this trend, the IOM worked with the shelter cluster to identify priority areas for shelter needs and distribution, and reported through the IPs and the IOM Evacuation Tracking and Monitoring (ETM) surveys. Official figures from the Fiji Government confirmed that a total of 30,369 houses were damaged or destroyed.

People living in tents and poorly constructed temporary shelters were vulnerable to communicable diseases. Disruption to water and sanitation infrastructure, poor hygiene and overcrowding commonly lead to increased disease transmission and outbreaks. High risks included typhoid, leptospirosis, dengue and diarrhoeal disease. At the initial stage, the WHO was engaged with other partners in the planning and design stage to prioritise activities. The WHO worked closely with the Ministry of Health and the HNC to identify hotspot areas that were targeted for health interventions based on the initial assessment conducted by the Health Ministry and other key humanitarian partners engaged in the health sector. CERF helped to ensure that all of the 214 healthcare facilities became fully functional as of 20 August 2016 and 34 healthcare facilities eventually participated in the Early Warning Alert and Response System (EWARS). This number was deemed sufficient for the purpose of syndromic surveillance for the early warning of outbreak-prone diseases, procurement was carried out and items were donated to Ministry of Health and Medical Services (MoHMS) including Interagency Emergency Health Kit (IEHKs), diarrhoeal disease kits, vector control equipment and supplies, diagnostic kits, water testing equipment (PortaLab), tents, EWARS in a Box, and diagnostic kits for vector-borne diseases (e.g., dengue, chikungunya, Zika).

As of 6 March, the Government reported 55,046 people staying at 689 evacuation centres. A need to identify vulnerable populations including women, girls and people at risk of Gender-Based Violence (GBV) was quickly prioritised. Early assessments carried out by the Ministry of Health (MoHMS) and Ministry for Women, Children and Poverty Alleviation, medical services and NGO partners provided additional information in terms of specific vulnerabilities to violence. In addition, to protection issues at evacuation centres, the Government made specific requests for support for immediate psychological first aid, psychosocial services, and access to information about where to go for help in cases of GBV. Divisional Commissioners mobilised trained personnel to provide additional support.

The initial nutritional assessment highlighted that 44% of pregnant women were anaemic, which was a concern as anaemia may lead to complications of pregnancy and childbirth and low birth weight in babies. Low immunity associated with anaemia may be compounded by limited food intake as a result of rationed packages, low in iron content. Another critical need identified was the provision of information, counselling and referral for pregnant and lactating women to strongly promote breastfeeding and to prevent babies from being given inappropriate food and drink – especially unsafe water. Young people were especially vulnerable and required life-saving RH and protection interventions to address their needs, including engaging them as part of the planning and response.

UNFPA channelled CERF funds towards the implementation of health-related sexual and RH services and GBV prevention and response, in coordination with the Ministry of Health and Medical Services (MoHMS). Given the severe damage to health facilities, it was important to provide the necessary equipment and supplies to enable them to function, minimising disruption to services, and to be accessible to the affected communities. This CERF project facilitated the deployment of retired midwives to health facilities and outreach missions, thus ensuring continued availability and access to life-saving services as well as sensitising the affected communities about their reproductive health and protection issues, and encouraging them to seek antenatal and obstetric care as needed.

UNFPA's interventions under this project focused on: Provision of medical supplies and equipment to the affected health facilities, procurement and distribution of RH Kits particularly Kit #3 (Post-Rape Treatment Kit), the deployment of midwives through outreach missions and the deployment of midwives to health facilities.

UN Women and UNICEF co-coordinated the National Safety and Protection Cluster along with the Government and UN Women was the co-coordinator of the GBV subcluster also led by the Ministry of Women. The GBV sub-cluster supported a range of GBV activities to ensure that the needs of the most vulnerable people (especially women and girls) affected by TC Winston were adequately addressed. Medical Services Pacific, Fiji Disabled People's Federation, Empower Pacific (EP) and Fiji Women's Crisis Centre (FWCC) collaborated with UN Women in the prioritization of activities, including providing direct services and outreach activities to affected communities to realise the implementation of the CERF effectively. The UNFPA Women-Friendly Spaces initiative was also coordinated through the GBV sub-cluster, ensuring close coordination of all agencies activities on the ground. In particular, UN Women, UNFPA and UNICEF ensured that the response to and prevention of violence against women, girls and children was closely coordinated, with aligned procedures, across sectors, targeting vulnerable populations in the priority geographic areas in the Central, West, East and North Divisions particularly Lau Group, Southern Taveuni, Lomaiviti Group, Korovou, Rakiraki, Ba and Southern Yasawas.

The CERF funding received by the Emergency Telecommunications Cluster (ETC) was fully utilised to deploy staff to support cluster coordination, conduct telecommunications assessments, and provide equipment to support the Fijian Government response. In addition to logistics coordination and information management support, the Logistics Cluster also handed over four Mobile Storage Units to the NDMO to augment Government and humanitarian actors' capacity to sort, kit and store relief items.

Based on the severe impact of TC Winston, the CERF ensured that the most affected areas were targeted and reached in collaboration with the Government. Areas covered included the Eastern maritime islands which included Vanua Balavu and the Lau group, Koro Islands and the Lomaiviti Group, Northern Division parts of Vanua Levu and the islands of Taveuni, eastern parts of Viti Levu which includes Tailevu and Naitasiri and the Western Division which includes Ra, Tavua and the Ba Province.

### **III. CERF PROCESS**

Immediately following the Fiji Government assistance, humanitarian partners were mobilised through the PHT. The PHT, which is a collaborative mechanism among major humanitarian actors assisting the Pacific Island Countries (PICs), co-chaired by the UN Resident Coordinators in Fiji and Samoa, together with OCHA, "activated" nine clusters following TC Winston: Shelter, Health, WASH, Education, Protection, Early Recovery, Food Security, ETC and Logistics.

Following the activation of these clusters, the HC (UN Resident Coordinator for Fiji and appointed HC on 25 February) in consultation with OCHA and the PHT initiated the CERF process simultaneously with the Flash Appeal process.

This prioritization was based on initial assessments of needs and was in line with the priority needs established by the government of Fiji in collective efforts through national Cluster Co-Leads. Assessments began two days after the disaster, on Friday 23 February, and were carried out by the Fiji Government in conjunction with the Fiji Red Cross. Several clusters, including Shelter, Health, and Education, conducted cluster-specific assessments while the UNDAC assessment team conducted assessment missions in the Western, Eastern and Central Divisions of the country.

UN agencies in collaboration with their relevant line Ministries of the Government of Fiji and cluster partners conducted joint assessments in affected areas, while the numbers of beneficiaries were also determined through this collaborative initiative using field reports, assessments and gap analysis. Most of the cluster leads among the UN agencies additionally recruited Information Managers who played an important role through the clusters in supporting Governments and humanitarian partners in the ongoing collection of information, along with data management systems for targeting and monitoring.

Prioritization of activities and schools were discussed with the Education Cluster at the Ministry of Education Heritage and Arts (MoEHA) taking the lead with the support of UNICEF and Save the Children; WHO and cluster members UNFPA, the Fiji Red Cross and Medical Services collaborated in the planning and prioritization with the HNC led by the MoH. UNICEF and WFP prioritised their support to Government through the Ministry of Social Welfare and Poverty Alleviation; FAO and UN Women established links with the Food and Livelihood Cluster to identify the humanitarian response and GBV was quickly prioritised with assessments carried out by the MoH and supported by UN Women, UNFPA and UNICEF, which also engaged with the National Safety and Protection Cluster.

Based on these assessments and agreements, clusters and cluster partners produced proposed activities and associated budgets in line with this focus. The clusters then had a final meeting with the Government and agreed to the UN's prioritisation as it contributed to the country's priorities to provide assistance to the people most affected by TC Winston. Based on this agreement, a final revision of proposals was requested and a final meeting of the PHT agreed the funding allocation.

It was agreed that Shelter would be the key priority, closely followed by Health, WASH, Education and Protection (which was a significant concern in Fiji prior to the cyclone) and then a small contribution for Logistics and ETC as enabling activities. Early Recovery was not prioritised for the CERF application but UNDP has included a small component under food security to enable critical food security interventions to be implemented.

The priorities outlined in the CERF appeal addressed key priority needs, while ensuring that the response by the humanitarian community complemented actions taken by the Fiji Government. The aim was to ensure that immediately available funds could be channelled into critical, life-saving activities.

The majority of UN agencies were addressing gender equality issues in their respective projects, underpinned by gender analysis where possible. Projects were developed, and reviewed, in consultation with a Gender Capacity adviser.

For example, gender-responsive lenses were used in the development of psychosocial materials for young children. Education in Emergencies supplies were distributed to schools and learners, with priority given to the most affected regardless of gender, ethnicity, religion and geographical location. WASH supplies distributed to affected households included menstrual hygiene packs for girls and women. The WASH cluster also ensured that toilet and bathing facilities in schools and communities being reconstructed were safe and convenient for girls and women and that menstrual hygiene formed part of the WASH in Schools programme. The WASH cluster sought guidance from the Protection Cluster and the Fiji National Disability Forum on incorporating Gender and Disability into their response and recovery plan.

Given this situation at the evacuation centres, the Safety and Protection Cluster prioritised immediate support to welfare service officers who are key in providing women's crisis care, medical and legal services, and counselling, including for cases of rape, domestic violence, sexual abuse and other forms of violence.

#### IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR <sup>1</sup>									
Total number of individuals affected by the crisis: 540,414 <sup>1</sup>									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Shelter	9,636	10,639	20,275	10,214	13,196	23,410	19,850	23,835	43,685
Health	56,595	114,905	171,500	58,905	119,595	178,500	115,500	234,500	350,000
Nutrition	4,359	8,000	12,359	4,089	125	4214	8,448	8,125	16573
Education	8,000	223	8,223	8,000	194	8,194	16,000	417	16,417
WASH	12,724	20,042	32,766	15,552	28,949	44,501	28,276	48,991	77,267
Food Security	19,498	39,903	59,401	22,126	31,337	53,463	41,624	71,240	112,864
Safety and Protection	33,051	41,334	74,385	28,077	25,054	53,131	61,128	63,902	127,516
Common Telecommunications	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Common Logistics	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

#### BENEFICIARY ESTIMATION

The total number of beneficiaries for the Education/WASH/Protection, and Health and Nutrition were determined in close collaboration with the lead ministries of the Government and other cluster partners using data from field reports, assessments and gap analysis. UNICEF recruited Information Managers for these four clusters to help the ministries and the clusters set up data management system, e.g. 4Ws, for targeting and monitoring. Specific targets and locations were assigned to partners while constant cleaning of data and confirmation of reports were done to avoid double counting. The lack of baseline information, the lack of common and agreed tools for data collection and the dearth of information coming from the field were among the challenges in preparing the estimates.

<sup>1</sup> According to the Post-Disaster Needs Assessment (PDNA), based on the Government of Fiji Data, TC Winston affected approximately 540,400 people, or approximately 62 percent of Fiji's total population.



The Shelter cluster beneficiaries were counted based on direct distribution by IOM and its implementing partners (IPs) – CARE Australia and Habitat for Humanity. The IPs targeted different communities to avoid overlaps in distribution and support. Because both implementing partners received additional support and supplies from outside the CERF project, CERF resources were stretched to reach additional beneficiaries by combining packages at the community level.

In the case of the food security sector to avoid double counting, the reconciliation of beneficiaries went through two different cases that were taken into account among WFP, UNDP and FAO. In Ra province, the villages and beneficiaries supported for land clearance by UNDP were also fully covered by FAO with agriculture kits and not double-counted. In Koro Island, the support from WFP and FAO was partially assisting the same beneficiaries through the IP Adventist Development and Relief Agency (ADRA). For WFP's food assistance intervention through CBT beneficiaries' figures were provided by the Ministry of Women, Children and Poverty Alleviation through the Department of Social Welfare. In coordination with WFP ADRA monitored the implementation of CBT activities and addressed identified exclusion errors under a separate food voucher response programme.

In the area of RH, UNFPA used the Minimum Initial Service Package (MISP) calculator to estimate the target population to be reached with life-saving interventions which included: overall affected population of 349,367, approximately 87,500 women of reproductive age, of which 5,600 were currently pregnant and around 1,600 of these pregnancies at risk of experiencing complications that will require emergency obstetric care.

For the UN Women's CERF project on Sexual and/or GBV the beneficiaries were calculated as aggregates of the reported figures from its 4 main implementing partner: (1) EP; (2) FWCC; (3) Medical Services Pacific (MSP); and (4) Fiji's Disabled People's Federation (FDPF). All partners focused on one output area which is increased access to urgent health, psychological and safety interventions for women and girls and reduce the risk of, or experiencing, GBV receive time critical, life-saving interventions that facilitate their healing and recovery.

UN Women designed individualised work plans and data reporting template for every partner, with a table on the activities and specific disaggregate data need under each of the 3 indicators of the CERF Project. This was to ensure that people reached were recorded only once for every activity under each indicator and partners are made aware. There were noted variations in activities and locations, this narrow down the likelihood of double reporting by location. For example, FDPF focused a lot of its efforts in the North specifically supporting people living with disabilities, FWCC with its branches in Ba, Nadi, Rakiraki and Labasa focused on affected settlements they normally work with.

<b>TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup></b>			
	<b>Children (<math>&lt; 18</math>)</b>	<b>Adults (<math>\geq 18</math>)</b>	<b>Total</b>
<b>Female</b>	56,595	114,905	<b>171,500</b>
<b>Male</b>	58,905	119,595	<b>178,500</b>
<b>Total individuals (Female and male)</b>	<b>115,500</b>	<b>234,500</b>	<b>350,000</b>

<sup>2</sup> Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding This should, as best possible, exclude significant overlaps and double counting between the sectors.

## **CERF RESULTS**

Based on the needs identified and prioritization of activities to be implemented, the CERF supported interventions that were lifesaving and focused mainly on the prioritized areas, which includes emergency shelter, food, essential non-food items, psychosocial support, water and sanitation, disease prevention and hygiene promotion. The health component was integrated with issues related to gender and sexual and reproductive health.

Through the CERF the immediate needs of the affected population were addressed through the provision of food, non-food items and shelter needs. Avoided mortality and morbidity were reversed through the active ongoing education, awareness and referral provided through health, water and sanitation program including the continuity of antenatal, safe delivery and postnatal related services through the deployment of midwifery support. Increase awareness and understanding was also created in the area of GBV in emergencies, which have contributed to a decrease in reported cases of violence in evacuation centres.

Under UNICEF **education** program activities, UNICEF contributed to the immediate return to normalcy of learning and teaching environments and return to school of some 16,000 students and learners. UNICEF provided tents that served as temporary learning spaces for approximately 10,005 primary and secondary children and their teachers. UNICEF addressed the psycho-social needs of pre-school, early primary school-aged children, their families and their distribution to parents, educators, health care professionals, child protection workers and NGOs throughout Fiji. The deployment of MoEHA divisional counsellors who provided physiological first aid and trauma counselling to 347 teachers and 3,962 children students in most affected schools. In addition, support to school feeding, benefitting 3,180 children, was provided to severely affected schools in the Eastern Division to provide incentive for children to return to school early, increase daily retention, alleviate short term hunger and as well as assist children get back to normalcy.

The **WASH** intervention reached 77,267 beneficiaries and helped prevent the outbreak of waterborne and other diseases. UNICEF delivered WASH supplies, e.g. water purification tablets, soap, jugs, etc. to communities and schools and reached 26,242 individuals, including children. With the help of the Water Authority of Fiji provided safe water to 67,467 individuals by water carting to affected communities, schools and health facilities in the Central and Western Divisions. The emergency sanitation facilities in four schools with about 1,000 school children in communities with 12,900 residents were effective as an interim solution to reduce open defecation.

With the **Safety and Protection** interventions, approximately 25,715 children have improved access to psycho-social support and protection services against violence, abuse and exploitation through the conduct of the “Just Play” programme that promoted psycho-social recovery through sports and helped children age 6 to 12 years to learn life skills. Some 10,867 children, 5,316 of them girls, participated in ‘Just play’ activities. The key broadcasted protection messages focussed on how caregivers can provide psychosocial support to their children through a multi-media package of six radio Public Service Announcements (PSAs) and six 30 second animations for social media and television. UNICEF set up an information management system for the Safety and Protection Cluster that collects, consolidates data on protection activities of partners (5Ws) and provides a periodic dashboard on the status of the protection response.

As part of the Protection intervention, IOM conducted two rounds of the ETM in collaboration with the Fiji Bureau of Statics (FiBOS) – a modified version of the displacement tracking matrix (DTM) used globally. 32 enumerators trained by IOM conducted ETM on 9-23 March 2016. The ETM enumerators were deployed to Ba, Ra, Bua, Lomaiviti, Ra, Cakaudrove and Lau Provinces and were able to survey 309 evacuation sites, interviewing key informants such as village leaders and private individuals, seeing to the needs of the evacuees as well as knowledgeable evacuated persons themselves. In a second round, 574 villages were assessed finding 347 that had been affected. The project was useful in enabling an understanding of the situation and needs of affected populations, but there were difficulties in timely sharing and publication of the data due to concerns from the Government of Fiji (<http://www.globaldtm.info/fiji/>).

Through CERF funding in **Shelter**, IOM contributed to the emergency shelter needs of 10,642 households (43,685 individuals). Distribution in the initial phase focused on basic shelter kits (tools, fixings, and tarpaulins). After additional assessments and an identified need to support Koro Island with a more comprehensive transitional shelter package, IOM purchased and distributed the additional materials directly. As stated in the beneficiary section, the total support and number of families was increased by combining CERF resources with IP resources. Families similarly received basic Build Back Safer information in line with the Shelter Cluster guidance in Fiji.

For **Health and Nutrition**, it was possible to deliver nutrition services of children under 5, pregnant and lactating women and adolescents in the severely affected areas were facilitated through the training of 33 trainers at the national and divisional level on the Integrated Management of Acute Malnutrition (IMAM), infant and young child feeding (IYCF) and nutrition assessment and their roll-out, that trained 88 health staff (including doctors, nurses and dietitians and one Red Cross volunteer) and 200 volunteers. Also technical and material support was given to 8 health facilities in identifying, admitting and treating severe acute malnourished children.

7,390 under-5 children which identified 70 severely malnourished children were immediately given appropriate therapeutic treatment including provision of Ready-Use-Therapeutic-Food (RUTF) and Oral Rehydration Solution (ORS) for children with diarrhoea. Vitamin A and deworming tablets (albendazole) to some 7,390 children 6-59 months and iron-folic acid supplements to 8,000 pregnant and lactating women and/or adolescent girls were distributed in the worst affected areas to address micronutrient deficiency.

At least 596 new-borns and children were immunised against highly communicable diseases like polio and measles, and solar power systems were installed to 15 health facilities that had no or irregular power source. In addition, training of government personnel for minor repair and maintenance of the solar power systems was done.

In the area of **emergency RH**, with the CERF, UNFPA included the distribution of 4000 Dignity Kits to the most affected women through Women-Friendly Spaces (WFSs), Health Facilities and outreach missions, 400 Individual Clean Delivery Kits (RH kit 2A) distributed to the affected population, 10 Birth attendance Delivery Kits (RH kit 2B) were distributed to Health Staff, 9 tons of different RH kits, including essential supplies and equipment distributed to health facilities, to facilitate provision services during the Emergency Response; 216,000 male condoms distributed through the MpH and Fiji Red Cross to the affected areas; immediate response within 48 hours, through provision of prepositioned DFAT funded clean delivery kits to midwives and pregnant women immediately after the cyclone. This included 400 packs of RH kit 2a and 10 packs of RH kit 2b distributed in the islands of Koro. These were among the first relief supplies to be distributed after TC Winston and were extremely welcomed by the affected communities and midwives.

During an emergency, rapid deployment of community outreach workers to Evacuation Centres, to households hosting displaced families, and to households still living /camping in damaged and destroyed areas was critical in preventing and reducing morbidity and mortality. In order to ensure continuity of antenatal, safe delivery and postnatal related services, UNFPA contributed through funding of 25 retired midwives, identified by and worked in partnership with the MoH and Medical Services. They were posted at various maternity units of major hospitals of the affected areas and also deployed to support outreach medical missions. Eight retired midwives similarly worked as part of the MoH's Outreach teams that conducted mobile clinics in the hard hit areas.

UNFPA with its partners, FWCC, established five WFS in Central (Korovou), Northern (Savusavu), Western (Nukuloa, and Rakiraki), and Eastern (Levuka) divisions. The WFSs facilitated women's access to humanitarian assistance, allowed for sharing of experiences, including awareness raising/sensitization sessions in affected communities, provision of psychosocial support by trained counsellors and by each other, provision of basic health services, as well as capacity building on GBV and multi-sectorial referrals and related services for survivors of GBV.

UN Women worked with five partners (Empower Pacific, Lifeline, MSP, FDPF and FWCC) to provide support to victims of TC Winston but mainly focused on service provision around the area worst affected by the cyclone in Western (Lautoka, Ba, Tavua, Rakiraki), Eastern (Nausori, Tailevu) and Northern (Cakaudrove, Bua Province) divisions. The support was centralized around the provision of life-saving services to ensure survivors of GBV are safe and able to heal and deal with the ordeal of the cyclone and to increase access to urgent health, psychosocial and safety interventions for women and girls. In addition to these, the GBV sub cluster established standard operating procedures (SOPs) and referral pathways to ensure a coordinated, multi-sectorial response to GBV cases. This support was closely coordinated through the GBV Sub Cluster of which UN Women was the Co-lead together with the Government of Fiji.

In the **health** sector, in terms of the provision and restoration of clinical and public health services for the populations affected by TC Winston, WHO supported MoHMS to produce strategic and operational response plans, the 'Public Health Risk Assessment' and the 'Humanitarian Action Plan'. Also 3Ws were collected on a weekly basis for six months (February-August) and HNC bulletin maps, together with partner activity mapping. All 214 healthcare facilities became fully functional as of 20 August 2016. Ramakrishna Mission (RKM) provided mobile medical services in RakiRaki, Tavua and Ba; MSP provided mobile medical services in the other seven areas.

Procurement was made and donated to MoHMS including IEHK, diarrhoeal kits, vector control equipment and supplies, diagnostic kits, water testing equipment (PortaLab), tents, EWARS in a Box, and diagnostic kits for vector-borne diseases (e.g. dengue, chikungunya, Zika).

In terms of **Food Security assistance**, FAO, UNDP and WFP worked together to deliver immediate food assistance to cyclone affected people in Fiji. WFP was therefore able to reach 12,300 households, with an overall cash transfer value of US 900,000, with each household getting a cash entitlement of USD 73.17 (equal to FJD 150). UNDP assisted 34.3 hectares of village area, which were cleared in priority by the beneficiaries as part of the intervention. It can be considered that the debris clearance turned the villages' areas into potential "productive farming land" during the reconstruction effort through the establishment of numerous home gardens. FAO distributed kits for assistance in restoration of dalo and kumala farming (465 households) and for the vegetable production (2,655 households) to different groups of farmers. Part of the assistance (595 households) was targeting beneficiaries in Koro Islands in collaboration with ADRA, which also assisted with the implementation of the activities in Ra and Ba provinces.

In a collaborative effort, FAO and the UN Women Markets for Change project distributed agro-supplies to support about 1000 farmers/vendors. Through the Food and Livelihood Cluster the linkages between the municipal markets and farmers/vendors were identified as an entry point to support humanitarian response and food security efforts following the widespread destruction of TC Winston.

FAO distributed meat day old chicks and feed (756 beneficiaries), egg laying chicks and feed (748 beneficiaries). 4,200 meat day-old chicks and 8,000 egg laying day-old chicks as well as 7,000 day-old cockerels were distributed to the vulnerable households, boarding schools, Mataqali (clans), women's groups and youth groups. In addition, the provision of roofing material to shelter the animals was key in preserving livestock farming of 406 beneficiaries. FAO provided low-cost fishing kits urgently needed to 14,091 fishing households in the areas directly impacted by TC Winston.

CERF funding received by WFP in the area of **ETC** was fully utilised to deploy staff to support cluster coordination, conduct telecommunications assessments, and provide equipment to support the Fijian Government response. An emergency telecommunications kit was also pre-positioned to support the response.

In terms of **logistics**, CERF funds received by WFP were used to support and strengthen the Government-led TC Winston response. Seven Mobile Storage Units (MSUs) were rapidly deployed from WFP's contingency stocks in Subang, Malaysia. Based on identified needs and the provision of additional storage capacity by other partners and donors, four WFP MSUs were handed over to the NDMO to augment the Government and humanitarian partners' capacity to store, sort and package relief items. Three MSUs remain in-country on stand-by capacity as part of WFP's emergency preparedness strategy in the Pacific.

CERF funding helped to respond to critical needs of the population affected by TC Winston, entire families immediately had the opportunity to satisfy basic needs, without which it would not have been possible to recover of the magnitude of destruction.

## **CERF's ADDED VALUE**

### **a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?**

YES ☒ PARTIALLY ☐ NO ☐

CERF funding was efficient, effective and quicker than previous experiences in the Pacific and was the only immediate funding that was made immediately accessible to UN agencies to be able to address the needs of affected communities.

The funding enabled implementing agencies to quickly mobilize partners and procure supplies allowing for a swift response to address immediate humanitarian needs. For instance, WASH supported the carting of water by the Water Authority of Fiji to communities in the Central and Western Divisions, which provided safe water to 67,667 individuals. These actions helped prevent the outbreak of waterborne and other diseases.

Since the onset of the emergency, CERF contributed to all of 214 healthcare facilities becoming fully functional as of 20 August 2016. Equally important and fundamental was the contribution of the fund to the immediate return to normalcy of learning and teaching environments and return to school of some 16,000 students and learners who also were provided with food by a school feeding program.

### **b) Did CERF funds help respond to time critical needs?**

YES ☒ PARTIALLY ☐ NO ☐

CERF also ensured that the most affected areas were targeted. A special case was Koro Islands, which was severely and badly affected by TC Winston. CERF was used to extend food security through food vouchers, distribution of vegetable production packages and sanitation activities including the construction of emergency sanitation facilities as an interim measure to reduce open defecation and prevented outbreaks.

Given the severe damage to health facilities, it was important to provide necessary equipment and supplies to enable them to function, minimising disruption to services, and be accessible to the affected communities. CERF ensured continued availability and access to life-saving services. Procurement was made and donated to MoHMS including IEHK, diarrhoeal kits, vector control equipment and supplies, diagnostic kits, water testing equipment (PortaLab), tents, EWARS in a Box, and diagnostic kits for vector-

borne diseases (e.g. dengue, chikungunya, Zika). Fiji Pharmaceutical and Biomedical Services (FPBS) were supported to enhance the timeliness and effectiveness of distribution of medical supplies in emergencies. CERF funds enabled more people to have access to psycho-social support; approximately 25,715 children had access to psycho-social support and protection services against violence, abuse and exploitation. Through CERF funding in Shelter, IOM contributed to the emergency shelter needs of 10,642 households (43,685 individuals). Distribution in the initial phase focused on basic shelter kits (tools, fixings, and tarpaulins). After additional assessments and an identified need to support Koro Island with a more comprehensive transitional shelter package,

**c) Did CERF funds help improve resource mobilization from other sources?**

YES ☒ PARTIALLY ☐ NO ☐

The flash appeal proposal interacted with CERF as it was done almost simultaneously. The Flash proposal was supported by the CERF to fill gaps in addressing critical needs in the emergency situation, but also interacted with other funding from donors. For example, CERF funds were used as initial support to maintain and continue services such as education, which were later supported by other donors. Activities conducted with CERF support allowed for better validation and clarification of the extent of damages and issues in affected areas, and as such, supported proposals for additional funding for all partners. In the sector of Safety and Protection, specifically in the GBV response, UNFPA received the assistance from and partnership of the Government of Australia. DFAT support enabled interventions for communities, especially vulnerable women and girls, in the cyclone affected areas of Ba province. At the same time, through the CERF UNFPA also responded to the psycho-social needs of affected communities, in order to reduce the vulnerability of women and girls to GBV and safeguard their well-being through the partnership with Empower Pacific, a national NGO that provided psycho-social support including counselling services.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES ☒ PARTIALLY ☐ NO ☐

The appointed HC in consultation with the PHT worked together to allocate the available CERF funds immediately after the Government requested international assistance. This prioritization also was based on initial assessments of needs and was in line with the priority needs established by the government of Fiji in collective efforts and coordination through national Cluster Co-Leads. The development of the CERF proposals and the implementation of their activities were among the first coordinated actions by cluster partners soon after the Cyclone. The CERF allocation encouraged the ministries to work with UN agencies and cluster partners and fostered improved communication and articulation of capacities and needs through the damage assessments. It also prevented duplication of initial response efforts. Coordination among agencies was also possible through CERF with FAO, WFP, and UNDP working together to design and coordinate an immediate lifesaving intervention under the Food and Agriculture and livelihood component in this improved resource mobilisation and avoiding duplication of services. CERF funding strengthened the relationship among the Protection partners. In particular, UN Women, UNFPA and UNICEF ensured that the response and prevention to violence against women, girls and children was closely coordinated, with aligned procedures, across sectors. At local level, it strengthened partnership between UN Women and NGOs working together on the issues of violence against women and girls, developing referral pathways that were absolutely critical. CERF funding was used for the establishment of five WFSs, which was led by UNFPA and closely coordinated with UN Women, MoHMS, the Ministry of Women, Children and Poverty Alleviation (MoWCPA) and NGO partners through the GBV Sub Cluster. The CERF allocation improved coordination amongst the UN agencies as principle recipients of the CERF funding. This also led to improved coordination at the cluster and Governmental level as most UN agencies played an active cluster lead role. CERF funding was not only limited to Government partners, but it was also channelled to civil society and non-governmental, organizations, which ensured close collaboration between Government and NGOs.

**e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response**

This was the first time that the CERF provided funding for the Protection sector in the Pacific, specifically through UN Women and UNFPA. Protection issues related to gender, women and girls were addressed effectively, which was also coordinated at Government and NGO level through the safety and protection cluster and the Ministry of Women and Social Welfare. UN Women

also partnered with the Fiji Disabled People's Federation in addressing the needs of people with disabilities after the disaster. UNFPA introduced the concept of WFS through the Protection cluster, which facilitated women's access to humanitarian assistance including the provision of GBV and psycho-social support for women.

CERF also added value in the education sector, CERF helped re-established access to education and facilities and the return to school of 16,000 students and learners mainly from affected schools.

In the health sector feedback from the communities appreciated the mobile clinics given the challenges they faced in seeking health care immediately post cyclone, bringing health services to their doorsteps. The approach made a big difference at a time when communities were economically incapable of meeting transport costs given the total destruction of all livelihood sources. The outreach teams reported that they managed to reach villages that they sometimes only heard of by name and that were very hard to reach. Strengthened partnerships and coordination with other UN agencies and NGOs working in sexual and reproductive health (SRH) was critical. One such partnership was with the International Planned Parenthood Federation (IPPF) Sub-Regional Office for the Pacific which jointly worked with UNFPA and MoHMS on a number of Outreach missions.

## V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
CERF was effective and quicker.	Compared to previous CERF processes, this allocation was quicker as humanitarian actors were more aware of the procedures and the rules of the CERF Secretariat. As a consequence, these funds could be deployed and used to respond more efficiently.	CERF Secretariat
CERF funding flexibility is important in effectively responding to the emergency	CERF funding should remain flexible. Flexibility allowed programmes to respond to the changing situation on the ground as new data was received.	CERF Secretariat
The lack of information/data was a major challenge that would inform the intervention required by agencies during the proposal development stage. Sometimes applications were based on assumptions of what was actually happening on the ground. In this regard, there was a request to extend the timeline for the CERF allocation.	In general the timing of the CERF procedures was correct, but CERF should review the challenges around the significant information gap identified, due to broad statements of need from Government.	CERF Secretariat
The distribution of the CERF allocation is not an easy process to meet the strategic objective.	More training on CERF is needed to raise awareness regarding priority of basic needs and life-saving criteria. <sup>2</sup>	CERF Secretariat

<sup>2</sup> On 2 November 2016 a CERF training session was held with the support of the CERF training section and OCHA Pacific after the AAR and this recommendation.

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
The TC Winston response was a strong government-led operation and the fact was recognised that clusters were supporting the process.	PHT and agencies should be prepared to engage with a strong government. PHT to try to look at a country-level strategy to engage with each country in Pacific for future operations.	PHT and UN agencies.
It is crucial to explain the international humanitarian mechanism to the governments.	PHT should consider awareness-raising activities with Pacific governments on how the humanitarian mechanism works.	PHT and UN agencies
Strengthened collaboration and awareness is critical	Strengthen relationship and awareness of humanitarian mechanisms among partners (Government, NGOs, Civil Society Organizations (CSOs), private sector)	OCHA and Governments
The Education Cluster used CERF to focus on the provision of temporary learning spaces, ensuring safe space for children and providing a school feeding programme.	It was a very useful intervention to secure one meal a day for the students, especially during the time when there was a lack of food in the communities. However, the Minister of Education needs to discuss with the Education Cluster the right timing for re-opening schools after a disaster, in consultation with the teachers. Some headmasters considered that schools re-opened too soon while people needed shelter. In this regard, a more holistic approach is needed between the Minister of Social Welfare, the Minister of Education, the Shelter Cluster and the Education Cluster.	Education Cluster, Shelter Cluster, Minister of Education and Minister of Social Welfare.
Child Protection strengthened the capacity of social welfare workers and CSOs to reach the most affected communities.	Psycho-social support is a relatively new development, but was very effective in terms of bringing children back to normal life.	Ministry of Health, Protection Cluster and Child Protection Sub-cluster.
The existence of effective social protection schemes developed by the Government to reduce poverty in Fiji, allowed WFP to effectively deliver cash-based food assistance to thousands of cyclone-affected people through three of the Ministry of Women, Children and Poverty Alleviation's Social Safety Nets. The joint food assistance operation through Cash-Based Transfers effectively supported the Government-led multi-sector response, and highlighted the viability of linking Fijian national Social Safety Nets with humanitarian assistance.	Although the beginning of the launch of the operation was delayed due to a revision in the number of beneficiaries, and the addition of a third Social Safety Net to the food assistance programme, the intervention positively demonstrated the shock-responsiveness of the Government's social protection systems to emergency response. This can be further built on to swiftly scale-up disaster response programmes in Fiji through Social Safety Nets and provide assistance in the event of future emergencies.	PHT
The Protection project was completed and close to 2,000 referrals made, and a referral	Protection Cluster to consider challenges of reaching out to remote areas and the lack of resources for local organisations to be able to work more efficiently and in a more coordinated way.	Protection Cluster

system developed with local partners. This service provided support to the victims of violence across the affected areas in Fiji.		
In all sectors, procurement of goods was a problem for the emergency operation. There is a need to better coordinate procurement which includes coordination between the NDMO, and different line ministries, in order to strengthen the supply system.	Clusters to advocate with different line ministries to review procurement procedures and prepare plans for different scale emergencies.	PHT and UN Agencies.
To address health activities, retired midwife were identified to provide this service. This approach was used in the past for TC Pam in Vanuatu and it was replicated as a good practice.	HNC to maintain this good practice already tested in two different emergency operations in the Pacific.	HNC
Some clusters were not prepared with secondary data available within their own sector or with an internal preparedness plan that specified the surge capacity needed, as many organisations do not have a dedicated humanitarian officer.	Cluster to identify secondary data available for preparedness and estimate surge capacity needed for emergency.	PHT and cluster
Cooperation and partnership with local organisations and community leaders was positive and efficient.	PHT to review cooperation and partnership with local organisations in emergency operations.	PHT and cluster.
The lack of warehousing was a major challenge in supporting the procurement process. There were some major issues with the storage of unsolicited donations that overwhelmed the government's capacity.	PHT to advocate for adequate warehousing	PHT
After consultation with the government, particularly in rural areas, cash for work was refocused and put into equipment as, in some areas, tools are more important than money for the community	In some rural areas in Fiji, the cash for work approach needs to be analysed on an individual basis.	Food Security and Early Recovery sector.
Delays in the procurement of imported seeds for food security turned out to be good for farming as people were more open to planting after a period of time, and livelihood aspects were met.	FS cluster to consider timelines according to the lesson learned in Fiji.	Food Security Cluster.
In the shelter component, IOM had	As Fiji is prone to disasters, humanitarians should look into	PHT



limited presence in Fiji but managed to bring in a chartered plane with 81 metric tons of emergency supplies just weeks after the cyclone. The IPs encountered difficulties in distributing plastic sheets on time; and in some cases by the time these materials had arrived some villages were looking into transitory solutions.	providing materials and establishing a common warehouse.	
IOM reached 535 villages in the rapid assessments, but the component of information management activities was heavily politicised and was considered sensitive data by government.	<p>Need to raise awareness of activities at the top level to explain the importance of information-sharing during emergencies.</p> <p>Need for information management training for the government and NDMO.</p> <p>Need for IOM to work with PHT to establish a Camp Coordination and Camp Management (CCCM) Cluster for the Pacific that focuses on Evacuation Management and Systems, and includes a long term capacity building programme to improve CCCM/Evacuation management awareness amongst Pacific state partners.</p>	UN Agencies, PHT, clusters.
Limited data preparedness and information management capacity	Make data preparedness and information management capacity-building a core preparedness priority	PHT/OCHA
Integration of emergency/humanitarian and development work planning	Ensure inclusion of emergency/humanitarian action integral to the next UN Pacific strategy 2018 – 2022 and develop country-specific engagement strategies to ensure a tailored approach to each country	UNCT/OCHA
Better preparedness planning to ensure that no affected areas are left behind. Build capacities of governments and cluster partners for response preparedness.	PHT should take the lead together with the Pacific clusters and OCHA to improve government and cluster capacities in response preparedness. This should include organising training and supporting the development of contingency plans.	PHT, OCHA and the Clusters
There are significant untapped local resources including NGOs, CSOs and Faith Based Organisations (FBOs) that could be tapped to further strengthen future emergency responses and enhance service delivery coverage.	Clusters to map potential partners and explore engagement to expand their membership and coverage.	Clusters

## VI. PROJECT RESULTS

**TABLE 8: PROJECT RESULTS**

CERF project information						
1. Agency:	UNICEF	5. CERF grant period:	21/02/2016 - 20/08/2016			
2. CERF project code:	16-RR-CEF-029	6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Education		<input checked="" type="checkbox"/> Concluded			
4. Project title:	Rapid access and return of children to early childhood and primary education facilities					
7. Funding	a. Total funding requirements:	US\$ 2,714,585	d. CERF funds forwarded to implementing partners:			
	b. Total funding received:	US\$ 3,611,627 <sup>3</sup>	<div> <div>▪ NGO partners and Red Cross/Crescent:</div> <div>US\$ 21,951</div> </div>			
	c. Amount received from CERF:	US\$ 798,719	<div> <div>▪ Government Partners:</div> <div>US\$ 167,810</div> </div>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	8,000	8,000	16,000	8,000	8,000	16,000
Adults (≥ 18)	150	150	300	223	194	417
<b>Total</b>	<b>8,150</b>	<b>8,150</b>	<b>16,300</b>	<b>8,223</b>	<b>8,194</b>	<b>16,417</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	16,300			16,417		
<b>Total (same as in 8a)</b>	<b>16,300</b>			<b>16,417</b>		

<sup>3</sup> The total funding requirements of US\$ 2,714,585 that was posted in the Flash Appeal was based on initial information and planning with the MoEHA for immediate response. The total funding received in the amount of US\$ 3,611,627 includes support to recovery and rehabilitation activities that was agreed with the MoEHA and donors, e.g. provision of power generators and photocopiers to affected schools.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Not Applicable
--	----------------

CERF Result Framework			
9. Project objective	To provide immediate education support within a protective environment to preschool and primary school age children in the most cyclone affected areas.		
10. Outcome statement	16,000 children (8,000 girls) have access to education		
11. Outputs			
Output 1	16,000 children including pre-school and primary age children, girls, and disabled children, access quality education opportunities		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of affected children accessing education (in temporary learning spaces and repaired schools)	16,000	10,005
Indicator 1.2	Number of children benefitting from learning materials	16,000	16,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement and distribution of tents to ECCE centres and primary schools	UNICEF	UNICEF; MoEHA
Activity 1.2	Procurement and distribution of teaching and learning materials to affected ECCE centres and primary schools	Ministry of Economy (MoE)	UNICEF; MoEHA
Output 2	Psycho-social and nutrition services for 3,500 children are integrated in educational response		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of trainers, teachers and caregivers oriented on the delivery of psychosocial support.	300	70
Indicator 2.2	Number of primary school children in the most affected schools provided with one meal for 2 months	1,500	2,219
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Development of psycho-social materials and training of Ministry of Education staff trainers on use of the materials	UNICEF, MoE & Save the Children	UNICEF, MoE and 60 other professionals from different fields
Activity 2.2	Provision of one meal per day to children in at least 7 severely affected primary schools	MoE /parent teacher associations at seven schools	MoE/mothers' clubs/ School Management Committees

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Through CERF funding, UNICEF contributed to the following key outcomes:

- The immediate return to normalcy of learning and teaching environments and return to school of some 16,000 students and learners through:
  - The provision of tents (95 x 72 sqm and 70 x 42 sqm) that served as temporary learning spaces for approximately 10,005 primary and secondary children and their teachers;
  - The provision of 150 Early Childhood Education (ECE) kits that addressed the immediate learning needs of approximately 6,000 young children between ages 3 and 5 in ECE centres; and
- The provision of 250 School-in-a Box kits that addressed the immediate learning needs of approximately 10,000 primary school aged children.
- The MoEHA decided to extend the provision of hot meals for another month and to additional schools which reached in total 3,180 students (1,517 girls) in severely affected schools in the Eastern Division. This was made possible with augmentation funds from the MoEHA and other UNICEF contributions.
- The development of booklets and other communication materials that addressed the psycho-social needs of pre-school and early primary school-aged children, their families and their distribution to parents, educators, health care professionals, child protection workers and NGOs throughout Fiji.
- The deployment of MoEHA divisional counsellors who provided physiological first aid and trauma counselling to 347 teachers (188 female and 159 male) and 3,962 children (1,923 girls and 2,039 boys) students in most affected schools.
- The MoEHA initially decided to have 70 of their teaching personnel from the affected divisions and districts to be trained for psychosocial. Later trainings were done after the psychosocial materials were developed using other grants as well as internal funds of the MoEHA.

The total funding requirements of US\$ 2,714,585 that was posted in the Flash Appeal was based on initial information and planning with the MoEHA for immediate response. The total funding received in the amount of US\$ 3,611,627 includes support to recovery and rehabilitation activities that was agreed with the MoEHA and donors, e.g. provision of power generators and photocopiers to affected schools.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

The Education Cluster under the helm of the MoEHA consulted their division, district and school officials in the affected areas in determining the appropriate interventions and target schools that have to be prioritised in the response. The reports provided by school authorities and assessments done also helped shape the Education response plan. UNICEF likewise has put in place a Humanitarian Performance Monitoring (HPM) system that deployed staff and dedicated field monitors to, among others, solicit feedback from schools and communities on assistance provided by UNICEF. These are then shared with the concerned sectors who factor them in the implementation of further assistance.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☐

No evaluation was done but lessons learned reviews/ after action reviews were conducted by the NDMO for overall national response, by the Education cluster for cluster response and by UNICEF as an agency.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	22/02/2016- 21/08/2016			
<b>2. CERF project code:</b>	16-RR-CEF-030		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing			
<b>3. Cluster/Sector:</b>	Nutrition			<input checked="" type="checkbox"/> Concluded			
<b>4. Project title:</b>	Protect nutrition and health status of infants and young children in the most affected areas of Fiji after TC Winston to reduce morbidity and mortality						
<b>7. Funding</b>	a. Total funding requirements		US\$ 1,456,899				
	b. Total funding received		US\$ 1,516,598 <sup>4</sup>				
	c. Amount received from CERF:		US\$ 328,383		d. CERF funds forwarded to implementing partners:		
				<ul style="list-style-type: none"> <li>▪ <i>NGO partners and Red Cross/Crescent:</i></li> <li>▪ <i>Government Partners:</i> US\$ 155,068</li> </ul>			
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		13,030	12,210	25,240	4,359	4,089	8,448
Adults (≥ 18)		28,360	400	28,760	8,000	125	8,125
<b>Total</b>		41,390	12,610	54,000	<b>12,359</b>	<b>4,214</b>	<b>16,573</b>
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs	20,000						
Host population							
Other affected people	34,000			16,573			
<b>Total (same as in 8a)</b>	<b>54,000</b>			<b>16,573</b>			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category		The displacement of people in most cases was temporary and of short duration. Most families returned to their own villages a few days after the cyclone had struck.					

<sup>4</sup> The total funding requirements of US\$ 1,456,899 posted in the Flash Appeal and the total funding received of US\$ 1,516,598 covers both Health and Nutrition. The latter already includes the expansion of support to restore and improve the cold chain facilities in health facilities as agreed with the MoHMS

<i>distribution, please describe reasons:</i>	The planners of the project also acknowledge that figures in 8a were apparently for the entire Nutrition response of UNICEF and not just limited to the CERF-funded component.
---	--

CERF Result Framework			
9. Project objective	To support the MoHMS, to identify, treat and protect health and nutritional (including micronutrients) status of under five children and pregnant and lactating women and/or adolescents		
10. Outcome statement	In areas severely affected by TC Winston, children under age 5 and pregnant and lactating women and/or adolescents who are: patients at health facilities or reached in their communities; malnourished, worm-infested or suffering from diarrhoea; are identified and treated, and provided with counselling and information to prevent relapse, re-infection and consequent morbidity or mortality.		
11. Outputs			
Output 1	25,000 children under age 5, in the worst affected areas of Fiji have access to a set of community level emergency health and nutrition interventions to treat and reduce malnutrition and micronutrient deficiency		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of identified medical staff (doctors, nurses) equipped and rapidly oriented on integrated severe acute malnutrition (SAM) and IYCF in affected areas.	24	88
Indicator 1.2	Number of village health workers /oriented on screening and referral of children with SAM, and on health and nutrition promotion through health facility, evacuation centre and community outreach	50	200
Indicator 1.3	Number of health facilities reporting admission and treatment of severe acute malnutrition cases in the worst affected areas, including complications of diarrhoea	8	8
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Printing and distribution of FAQ and tips for nurses and outreach workers	MoHMS and UNICEF	MoHMS and UNICEF
Activity 1.2	Training of trainers conducted for 24 health staff on inpatient and outpatient management of SAM (from 8 hospitals managing patients in the most affected areas)	MoHMS and UNICEF	MoHMS and UNICEF
Activity 1.3	Rapid instruction of doctors, nurses and outreach workers on identification and referral for SAM, and on IYCF, and use of zinc and micronutrient supplementation	MoHMS and UNICEF	MoHMS and UNICEF
Activity 1.4	Screening, identification, referral, admission and reporting systems for children suffering moderate and severe acute malnutrition are planned and activated in the most affected areas	MoHMS and UNICEF	MoHMS and UNICEF
Activity 1.5	Vitamin A and deworming for children 6-59 months in the worst affected communities distributed through integrated health outreach	MoHMS and UNICEF	MoHMS and UNICEF
Output 2	5,000 pregnant and lactating women and/or adolescent girls in the worst affected areas of Fiji received folic acid supplementation to reduce micronutrient deficiency		
Output 2 Indicators	Description	Target	Reached

Indicator 2.1	5,000 pregnant and lactating women and/or adolescent girls (PLW&AG) in the worst affected areas of Fiji received folic acid supplementation to reduce micronutrient deficiency	5,000	380
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procurement, shipping, clearing and distribution to clinics of folic acid tablets	MoHMS and UNICEF	MoHMS and UNICEF
Activity 2.2	Nurses, nurse aides or community health outreach workers dispense folic acid tablets to PLW&AG	MoHMS and UNICEF	MoHMS and UNICEF
<b>Output 3</b>	Ten health clinics with no electricity are electrified with solar power		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Ten solar packs sourced, procured, shipped and installed	10	15
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Procurement, shipping, clearing of 10 solar packs at affected health facilities	MoHMS and UNICEF	MoHMS and UNICEF
Activity 3.2	Technician installs solar packs at affected health facilities; working condition verified	MoHMS and UNICEF	MoHMS and UNICEF
<b>Output 4</b>	PLW&AG as well as other caregivers of young children are counselled on appropriate infant and young child care and feeding practices, including strong encouragement of breastfeeding, good hygiene and boiling or otherwise purifying water		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	PLW&AG, as well as other caregivers of young children (male and female) are counselled on IYCF, hygiene, clean water	24,000	8,000
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Printing and distribution of Information, Education and Communication (IEC) materials for nurses and outreach workers	MoHMS and UNICEF	MoHMS and UNICEF
Activity 4.2	Counselling sessions carried out with groups of caregivers	MoHMS and UNICEF	MoHMS and UNICEF

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Access to nutrition services of children under 5 PLW&AG in the severely affected areas were facilitated through:

- The training of 33 trainers at the national and divisional level on IMAM, IYCF, nutrition assessment and their roll-out that trained 88 health staff (including doctors, nurses and dietitians and one Red Cross volunteer) and 200 volunteers. The quick roll-out of the training was requested by MoHMS and agreed with the Health and Nutrition Cluster. It enabled the quick application on IMAM and IYCF interventions in the affected communities.
- The technical and material support given to 8 health facilities in identifying, admitting and treating severe acute malnourished children.
- The screening of 7,390 under-5 children which identified 70 severely malnourished children who were immediately given appropriate therapeutic treatment including provision of RUTF and ORS for children with diarrhoea. Caregivers of 183 children who were identified as moderately malnourished were counselled by the health staff on appropriate infant feeding practices.
- The distribution of Vitamin A and deworming tablets (albendazole) to some 7,390 children 6-59 months and iron-folic acid supplements to 8,000 PLW&AG in the worst affected areas to address micronutrient deficiency
- The immunisation of at least 596 newborns and children against highly communicable diseases like polio and measles.
- The installation of solar power systems to 15 health facilities that have no or irregular power source and the training of government personnel for their minor repair and maintenance.

The total funding requirements of US\$ 1,456,899 posted in the Flash Appeal and the total funding received of US\$ 1,516,598 covers both Health and Nutrition. The latter already includes the expansion of support to restore and improve the cold chain facilities in health facilities as agreed with the MoHMS.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

The Health and Nutrition response plan was guided by field reports from health workers in the affected areas and assessments conducted by the MoHMS and cluster members. UNICEF likewise has put in place a HPM system that deployed staff and full-time field monitors to, among others, solicit feedback from women and health workers in the affected communities on assistance provided by UNICEF. These are then shared with the concerned sections, who factor them in the implementation of the humanitarian response and recovery.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☐

No evaluation was done but lessons learned reviews/after action reviews were conducted by the NDMO for overall response; by the HNC for cluster response and by UNICEF as an agency.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒



**TABLE 8: PROJECT RESULTS**

CERF project information							
1. Agency:		UNICEF		5. CERF grant period:		21/02/2016- 20/08/2016	
2. CERF project code:		16-RR-CEF-031		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Water, Sanitation and Hygiene				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Tropical Cyclone Winston: Water, Sanitation and Hygiene (WASH) Response					
7.Funding	a. Total funding requirements		US\$ 2,284,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received:		US\$ 2,487,736 <sup>5</sup>		▪ NGO partners and Red Cross/Crescent: US\$ 284,223		
	c. Amount received from CERF:		US\$ 1,082,575		▪ Government Partners: US\$ 302,665		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		3,968	3,632	7,600	12,724	15,552	28,276
Adults (≥ 18)		7,232	7,168	14,400	20,042	28,949	48,991
Total		11,200	10,800	22,000	32,766	44,501	77,267
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		4,400			7,584		
Host population		17,600			66,645		
Other affected people					3,038		
Total (same as in 8a)		22,000			77,267		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category		The number of people reached far exceeded the planned figures mainly because the water carting to the Central and Western Divisions undertaken through the help of the Water Authority of Fiji provided safe water to 67,467 people, far more than anticipated.					

<sup>5</sup> WASH received a total funding of US\$ 2,487,736 which was more than the total funding requirements of US\$ 2,284,000 stated in the Flash Appeal because the former includes support to continuing early recovery activities, e.g. WASH in Schools agreed with the MoHMS and MoEHA.

distribution, please describe reasons:	
--	--

CERF Result Framework			
9. Project objective	Meet immediate lifesaving WASH needs of 20,000 most affected population, especially children and women, within the most affected areas, in a three-month period		
10. Outcome statement	Meet immediate lifesaving WASH needs of 20,000 most affected population, especially children and women, within the most affected areas, in a three-month period		
11. Outputs			
Output 1	Effective leadership is established for WASH cluster/inter-agency coordination, with links to other cluster/ sector coordination mechanisms on critical inter-sectoral issues		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Cluster/Sector coordination SOP operational	Yes	Yes (Contingency Plan Revised)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Assist the MoHMS with Cluster Coordination and development of response plans, including on a subnational level if needed	MoHSM UNICEF	MoHSM UNICEF
Activity 1.2	Support the development of cluster standards, including inter-cluster coordination where required	MoHSM UNICEF	MoHSM UNICEF
Activity 1.3	Assist the MoHMS with information management, including distribution planning, and reporting	MoHSM UNICEF	MoHSM UNICEF
Activity 1.4	Establish supply monitoring and assurance systems.	MoHSM UNICEF	MoHSM UNICEF
Output 2	Provide emergency water, sanitation and hygiene services to 20,000 displaced people and those communities without access to piped water supply.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# people with access to safe water	22,000	11,617
Indicator 2.2	# of people provided with sanitation or hygiene kits or key hygiene items	22,000	26,242
Indicator 2.3	# people receiving hygiene messages	22,000	26,242
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of supplies to affected children and their families, including or hygiene / dignity kits, water containers, water purification supplies, and hygiene materials	UNICEF MoHSM	UNICEF MoHSM
Activity 2.2	Distribution of supplies to affected children and their families, including or hygiene / dignity kits, water containers, water purification supplies, and hygiene materials	UNICEF MoHSM	MoHSM UNICEF
Activity 2.3	Ensure adequate water for affected children and their families	UNICEF MoHSM	MoHSM Water Authority of Fiji UNICEF
Activity 2.4	Provide affected children and their families living in	UNICEF	MoHSM OXFAM

	evacuation centres or other temporary areas with gender-segregated, child-friendly, safe emergency sanitation facilities to avoid open defecation and ensure protection	MoHSM	NZ Habitat for Humanity
Activity 2.5	Support the delivery of hygiene promotion in affected areas to give people the knowledge and skills to prevent the spread of diseases	UNICEF MoHSM	MoHSM OXFAM NZ Habitat for Humanity
Activity 2.6	Ensure monitoring and management of water quality to safeguard the health of affected children and their families.	Ministry of Infrastructure and Transport MoHSM	Ministry of Infrastructure and Transport MoHSM
<b>Output 3</b>	Restore water, sanitation and hygiene services to directly 20,000 people in affected communities.		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	# people with access to safe water	22,000	67,467
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Support the immediate restoration of essential water services to communities in non-reticulated areas.	Private contractors	Water Authority of Fiji Contractors
<b>Output 4</b>	Provide safe water, sanitation, and hygiene services in schools and temporary learning spaces, and in health care facilities for 8,000 children.		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	# of children in school/learning programmes with access to water for drinking and handwashing	8,800	5,200
Indicator 4.2	# of children (girls/boys) with access to appropriately designed, gender segregated toilets at ECEs/schools/learning spaces	8,800	4,800
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Procurement of School WASH Kits, containing water, hygiene, and health promotion materials for students and their teachers to prevent the spread of diseases and ensure dignity for menstruating girls	UNICEF Ministry of Education CSOs	UNICEF Ministry of Education
Activity 4.2	Distribution of School WASH Kits, containing water, hygiene, and health promotion materials for students and their teachers to prevent the spread of diseases and ensure dignity for menstruating girls	UNICEF Ministry of Education CSOs	UNICEF Ministry of Education MoHSM
Activity 4.3	Provision of gender-segregated temporary sanitation facilities to ensure safety, health, dignity, and privacy of students attending school and to prevent open defecation	UNICEF Ministry of Education CSOs	UNICEF Ministry of Education CSOs (Fijian Teachers Association Project Heaven)
Activity 4.4	Provision of hygiene learning and teaching resources.	UNICEF Ministry of Education	UNICEF Ministry of Education

		CSOs	CSOs (Fijian Teachers Association Project Heaven)
--	--	------	--

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

With CERF, a total of 77,267 beneficiaries were reached through WASH in Schools, Emergency Sanitation, Emergency water carting and procurement of distribution of WASH supplies.

A large portion of the beneficiaries below the age of 18, were reached through the ongoing WASH in Schools in Emergency activities (target schools mainly looked at primary schools with a few also including Early Childhood Centres), while a large portion of adult beneficiaries were reached through the support of the Water Authority of Fiji water carting in the Central and Western Division. These also include water being delivered to schools and health facilities.

Overall beneficiaries reached exceeded the initial target set out for CERF. With the large number of activities with similar reach in overlapping affected areas, the two main activities of WASH in Schools and Emergency water carting were used as the basis for counting. WASH supplies, e.g. water purification tablets, soap, jugs, etc. delivered to both communities and schools provided safe water and provided hygiene education materials to some 26,242 individuals. In addition, funding to WASH partners also looked to increase access to sanitation through the construction of emergency facilities, specifically looking at schools that were not covered under the WASH in Schools activities.

Following the injection of CERF into the response, communities were supported through the provision of emergency sanitation facilities, reducing open defecation, as an interim to longer term solutions by the WASH Cluster. Schools have been trained on simple, cost effective methods to improve WASH activities through hand washing and supervised cleaning and maintenance of facilities. Health facilities also received water tanks, improving storage capacity and access for both staff and patients to safe water.

Note also that the number of people reached in Indicator 2.1 refers only to those who received water purification tablets, while the figure in Indicator 3.1 refers to people who benefitted from carted water. The two figures were held separate as there were people who received both water purification tablets and carted water.

For Indicators 4.1 and 4.2, the numbers of children reached were lower than the original targets because the WASH Cluster divided the number of schools amongst its members. The number reached therefore reflected only the children who are in schools assigned to UNICEF and not the total number as originally thought. The figures for Indicators 4.1 (access to safe water and hygiene) and 4.2 (access to gender segregated toilets) were separate as they have different target schools although some schools received both assistance for water and sanitation.

WASH received a total funding of US\$ 2,487,736 which was more than the total funding requirements of US\$ 2,284,000 stated in the Flash Appeal because the former includes support to continuing early recovery activities, e.g. WASH in Schools agreed with the MoHMS and MoEHA.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

Environmental Health Offices and WASH Partners carried out assessment and data collection in affected communities that helped with the planning, prioritization and monitoring of WASH support in evacuation centres, schools and health facilities. Distribution of sanitation supplies were conducted using a vulnerability criterion in order to ensure that the most affected populations, who are the most vulnerable, received the lifesaving supplies to increase their capacity to respond to the shock left by the cyclone. WASH support activities were also monitored against existing emergency guidelines, national and international.

Implementation was conducted with maximum community input throughout. Communities were mobilized and capacitated on operation and maintenance of WASH infrastructure. Advocacy campaigns and community engagement were also conducted in parallel to increase knowledge on proper hygiene behaviour and household water treatment.

Field and supply monitors were employed to obtain feedback on the supplies distributed by looking at the efficiency of the supply timeliness and the appropriateness of the supplies being distributed. The monitors also looked to verify and confirm distribution and assessment information by cross checking national trackers with district documentation and conducting community, school and health facility visits to confirm distribution and ascertain WASH gaps. This activity was carried monthly.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☐

Separate lessons learned reviews or after action reviews were conducted by the Fiji NDMO for overall national response; by the WASH Cluster for cluster response and internally by UNICEF.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		UNICEF		5. CERF grant period:		14/03/2016- 13/09/2016	
2. CERF project code:		16-RR-CEF-032		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Safety and Protection				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Protecting children affected by Cyclone Winston from violence, abuse and exploitation.					
7.Funding	a. Total funding requirements:		US\$ 415,800		d. CERF funds forwarded to implementing partners:		
	b. Total funding received:		US\$ 509,966 <sup>6</sup>		▪ NGO partners and Red Cross/Crescent: US\$ 50,000		
	c. Amount received from CERF:		US\$ 209,966		▪ Government Partners: US\$ 55,630		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		28,500	8,300	36,800	9,956	10,191	20,147
Adults (≥ 18)		9,300	450	9,750	5,149	419	5,568
Total		37,800	8,750	46,550	15,105	10,610	25,715
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs							
Host population							
Other affected people		46,550			25,715		
Total (same as in 8a)		46,550			25,715		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or		The planned figures in 8a didnt match the figures indicated in the results framework below which showed targets of 16,000 children, 500 caregivers and 100 service					

<sup>6</sup> The total funding requirements of US\$ 415,800 reflected in the Flash Appeal was based on initial information and planning with the MoWCPA on the immediate response. The total funding received of US\$ 509,966 already includes support to activities planned with the MoWCPA for recovery and rehabilitation, e.g. birth registration.

<i>the age, sex or category distribution, please describe reasons:</i>	providers. There is also a wide discrepancy between the targets for boys and girls which is inconsistent with the implementation of the project that targets both boys and girls albeit with deliberate effort to promote girls participation. There is apparently a miscalculation for determining the targets in 8a. The targets were not well connected to the targets of the Result Framework.
--	--

CERF Result Framework			
9. Project objective	Children in Fiji are protected from violence, abuse and exploitation and provided with psycho-social services for recovery in communities affected by TC Winston.		
10. Outcome statement	16,000 children have access to improved protection from violence, abuse and exploitation and psycho-social support, and 500 caregivers have access to information for prevention of violence, abuse and exploitation of children.		
11. Outputs			
Output 1	100 service providers have capacity to report, monitor, respond and prevent cases of violence, abuse and exploitation of children.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of welfare officers trained on child protection	100	543
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Development of child protection information management system	UNICEF, MWCPA	UNICEF, MWCPA, Safety and Protection Cluster
Activity 1.2	Training of police, welfare officers, youth networks on child protection and case management	UNICEF, MWCPA	UNICEF, MWCPA, MYS
Output 2	16,000 children have access to psycho-social support including access to child friendly spaces, recreation, and play activities; 500 caregivers have improved knowledge on psycho-social support and access to information on child protection.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of children with access to psycho-social support	16,000	20,147
Indicator 2.2	Number of caregivers with access to information on protection of children from violence, abuse, exploitation and psycho-social support	500	928
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of tents and recreation kits for child friendly spaces	UNICEF	Not implemented (see section 12)
Activity 2.2	Development of psycho-social materials and training on use of the materials	UNICEF, MoWCPA, Ministry of Youth and Sports, MYS.	UNICEF, MoWCPA, MYS
Activity 2.3	Play/recreation activities	UNICEF, Just Play, MYS	UNICEF, Just Play, MYS
Activity 2.4	Establishment of Child Friendly spaces	MoWCPA, MYS	Not implemented

			(see section 12)
--	--	--	------------------

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Approximately 25,715 children have improved access to psycho-social support and protection services against violence, abuse and exploitation through:

- The conduct of the "Just Play" programme that promoted psycho-social recovery through sports and helped children age 6 to 12 years to learn life skills. Some 10,867 children, 5,316 of them girls, participated in Just play activities
- The training of 385 Just Play coordinators and volunteers, 213 of them females, who were trained and deployed to the most affected areas to engage with local community-based volunteers to implement the programme and conduct mini-festivals of sports events and activities for children.
- The training of 543 (296 females, 247 males) government workers and caregivers on the provision of protection services to children against violence, abuse, exploitation, including extending psychosocial support.
- The broadcasting of key protection messages focusing on how caregivers can provide psycho-social support to their children through a multi-media package of six radio Public Service Announcements (PSAs) and six 30 second animations for social media and television.
- The setting up of an information management system for the Safety and Protection Cluster that collects, consolidates data on protection activities of partners (5Ws) and provides periodic dashboard on the status of the protection response.
- Tents were not procured because Education covered this adequately and there was no need to establish Child Friendly Spaces in the existing situation of affected areas of Fiji.

The training of more coordinators and volunteers for Just Play and of more government workers and caregivers on child protection who were deployed in affected communities enabled better access of children to psychosocial and protective services. The number and identification of trainees were decided by the MoWCPA and the Protection cluster.

The total funding requirements of US\$ 415,800 reflected in the Flash Appeal was based on initial information and planning with the MoWCPA on the immediate response. The total funding received of US\$ 509,966 already includes support to activities planned with the MoWCPA for recovery and rehabilitation, e.g. birth registration.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

The Just Play project which seeks to build critical life skills of children through sports was adapted in Fiji as part of the humanitarian response. The project is being implemented through continual engagement with children and youth who participate in designing and implementing activities. UNICEF also put in place a HPM that solicits feedback from communities on UNICEF's humanitarian assistance.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☐

No evaluation was done but lessons learned reviews/after action reviews were conducted by the NDMO for overall response; by the Safety and Protection Cluster for cluster response and by UNICEF as an agency.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒



**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	FAO UNDP WFP		<b>5. CERF grant period:</b>	16/03/2016- 15/09/2016		
<b>2. CERF project code:</b>	16-RR-FAO-008 16-RR-UDP-003 16-RR-WFP-015		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing  <input checked="" type="checkbox"/> Concluded		
<b>3. Cluster/Sector:</b>	Food Security					
<b>4. Project title:</b>	Immediate food assistance to cyclone affected people in Fiji					
<b>7. Funding</b>	a. Total funding requirements:		US\$ 13,036,015			
	b. Total funding received		US\$ 4,993,530			
	c. Amount received from CERF:		US\$ 2,688,640			
d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> <li>▪ <i>NGO partners and Red Cross/Crescent:</i></li> <li>▪ <i>Government Partners:</i> US\$ 7,736</li> </ul>						
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	7,110	5,845	12,955	19,498	22,126	41,624
Adults (≥ 18)	17,044	16,614	33,658	39,903	31,337	71,240
<b>Total</b>	24,154	22,459	46,613	59,401	53,463	112,864
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	46,613			112,864		
<b>Total (same as in 8a)</b>	<b>46,613</b>			<b>112,864</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		The main reasons for increased number of beneficiaries were due to the request from the government to extend the support to more beneficiaries after a review of the needs and better assessments conducted in the field (Output 2, 3, 4 and 5) as well as reduction of the kits to reach more beneficiaries (Output 4), in some cases it was coupled with the fact that the initial target indicators were designed mixing several production activities together while the households were not conducting all of them (Output 3 – recipients of goat wire are not the same as the beneficiaries for chicks				

	distribution), and finally some savings enabled to also extend the quantities procured (Outputs 1, 2 and 3).
--	--

CERF Result Framework			
9. Project objective	Increase food security for vulnerable and affected households, by restoring and maintaining agricultural livelihoods (crops, livestock, fishery and forestry, providing essential assets and developing livelihood and income generating activities)		
10. Outcome statement	2370 cyclone-affected agricultural households including women vendors, and fishermen have restored food security and resumed agricultural production and fishing activities.		
11. Outputs			
Output 1	The safe and rapid clearance of debris in farming land (210 hectares in Ra and Ba provinces)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Area of land cleared from debris	210 hectares	157 hectares
Indicator 1.2	Number of people benefitting from emergency jobs and other livelihoods in crisis or post-crisis settings, disaggregated by sex.	450	737
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Organize and contract existing farming community groups to conduct land clearance by Ministry of Agriculture (MoA)	UNDP/MoA	UNDP/MoA
Activity 1.2	Clearance of debris from land as identified in priority areas by MoA	UNDP/MoA	UNDP/MoA
Activity 1.3	Monitoring of land clearance for farming communities with a particular focus on gender and social inclusion	UNDP/MoA	UNDP/MoA
Output 2	1070 (642 women) farmers and 500 (360 women) market vendors/farmers in Ra and Ba provinces resume immediate agricultural production		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of households have received agriculture inputs	1,070	4,120
Indicator 2.2	# market vendors/farmers have received agricultural inputs	500	952
Indicator 2.3	# of communities receiving support and direct engagement with extension staff	1,570	5,072
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of rapid growing seeds; planting materials (sweet potato, dalo, pawpaw seedlings), organic fertilisers, insecticides, tools	FAO	FAO

Activity 2.2	Distribution of agro-inputs	FAO/UNWomen/MoA	FAO/UNWomen/MoA/ADRA
Activity 2.3	Distribution of seeds and technical guidance material	MoA	FAO/UNWomen/MoA/ADRA
Activity 2.4	Monitoring of agricultural inputs distribution to farmers and market vendors/farmers with a particular focus on gender and social inclusion	FAO/UN Women/MoA	FAO/UNWomen/MoA/ADRA
<b>Output 3</b>	300 (180 women) livestock farmers in Ba province will be able to resume livestock production		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Provision of day old chicks (4000), feed starter (330 bags of 10kg), grower (330 bags of 25 kg) and finisher (330 bags of 25 kg)	4000	4,200 Day Old Broiler Chicks; 8,000 Day Old Layer Chicks; 7,000 cockerels <b>TOTAL: 17,200 day old birds</b> Feed: Chick starter feed (350 bags x 25kg Broiler Starter and 800 x 25kg Layer Starter); grower feed (350 bags x 25kg and 2,400 x 25kg pullet grower feed) and finisher feed (350 bags x 25kg and 1,600 bags x 25kg layer mash feed) <b>TOTAL: 5,850 bags x 25kg</b>
Indicator 3.2	Provision of feed shelter items (roofing iron) (600 of 12 ft)	600	1,200
Indicator 3.3	Provision of fences (barbed 150 coil) and goat wire (300 Coil)	300	700 coils (12kg) barbed wire and 900 coils goat wire (3ft) TOTAL 1,600
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Procurement of inputs	FAO	FAO
Activity 3.2	Distribution of inputs and provision of technical advice	FAO/MoA	FAO/MoA
Activity 3.3	Monitoring of livestock input distribution to livestock farming communities with a particular focus on gender and social inclusion	FAO/MoA	FAO/MoA
<b>Output 4</b>	500 (250 women) households whose primary source of protein comes from fishing will be able to resume safe fishing operations in all four divisions		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	Fishing and supply of food to 500 households has been restored with due regard to safety	500	Fishing gear and post-harvest materials distributed to 14,091 fishing households
Indicator 4.2	Key Ministry of Fisheries and Forestry (MoFF) personnel and members of fishing communities guided on safe restoration of fishing operations	50	Boat and engine repair workshops delivered to fishing households 60

Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Debris clean up in fish growing / fish producing areas	UNDP/MoA	N/A
Activity 4.2	Distribution of fisheries inputs	MoFF/FAO	MoFF/FAO
Activity 4.3	Provision of technical advice	MoFF/ FAO	MoFF/FAO
<b>Output 5</b>	Cash distributions successfully completed		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	7,500 households reached with cash transfers	100%	164%
Indicator 5.2	USD \$115 transferred per household to 7500 households, for 2 months for a total of \$1,725,000 million USD distributed to affected households in priority 4 and 5 areas within a two-month period	100%	52%
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	7500 beneficiary households registered as target beneficiaries	WFP	WFP/MoWCPA
Activity 5.2	Cash transfers distributed to 7500 beneficiary households	WFP	WFP/MoWCPA
Activity 5.3	Distribution monitoring	WFP	WFP/ ADRA

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Output 1:

Indicator 1.1 - Area of land cleared from debris: The total quantity of land cleared according to the records is 157 hectares. It includes 34.3 hectares of village area, which were cleared in priority by the beneficiaries as part of the intervention. It can be considered that the debris clearance turned the villages' areas into potential "productive farming land" during the reconstruction effort through the establishment of numerous home gardens. The result is inferior to the target of 210 hectares, however this target can be considered as unrealistic when looking at the farming area prior to the cyclone in the 15 villages covered by the intervention (total cultivated area, excluding fruit tree crops before cyclone: 182 hectares).

Indicator 1.2 - Number of people benefitting from emergency jobs and other livelihoods in crisis or post-crisis settings, disaggregated by sex: After consultation with communities and MoA it was decided not to implement emergency employment schemes for debris clearance activities, in order not to disturb the existing communal work system (traditionally called the solesolevaki system), and allow the purchase of additional key equipment (i.e. chainsaws). The number of people directly involved in debris clearance and supported with tools and protection equipment surpasses the original target (737 /450).

Activity 4.1: Debris clean up in fish growing / fish producing areas: No need of clearance of fish growing / fish producing pounds in the priority intervention area defined by MoA (Ra Coastal Area – Nakorotubu and Navitilevu sub-districts).

Output 2:

Indicator 2.1 and 2.3: the targeted beneficiaries were identified by the MoA based on agreed selection criteria which prioritized vulnerable low-income agricultural households affected on the track of the cyclone. Based on the decisions made by the Government to extend the support to other areas and additional beneficiaries, the project was able to increase the number of beneficiaries

supported.

This included distribution to different groups of farmers for assistance in restoration of dalo and kumala (465 households) farming and for the vegetable production kits (2,655 households). Part of the additional assistance (595 households) was targeted at beneficiaries in Koro Island in collaboration with ADRA, which also assisted with the implementation of the activities as well as in Ra and Ba provinces. The main reason was that Koro Island was initially supposed to be covered by other actors for immediate food security needs, however, it was flagged in the framework of the Food Security and Livelihoods Cluster that urgent assistance was required in the island, known to be the most impacted area by TC Winston. Additionally, based on evaluations conducted by extension staff in collaboration with FAO, the initial procurement of fertilizers as per the initial project work plan exceeded the needs due to good soil fertility of the initial areas identified as impacted (Western division – Ra and Ba provinces). Following a request from the MoA, the decision was made to redirect the surplus of fertilizers to assist 1,000 vegetable producers in Sigatoka valley that were directly affected by TC Zena through the MoA.

Indicator 2.2: UN Women assessments, done in partnership with UNDP, identified all markets have been affected by the destruction of crops across Fiji, with market prices already increasing by three to four times. Provision of farming supplies aimed to help increase the supply of food for family consumption and market sale.

In a collaborative effort, FAO and the UN Women Markets for Change project distributed agro-supplies. This collaboration aimed at supporting about 1000 farmers/vendors affected by TC Winston. Through the Food and Livelihood Cluster the link between the municipal markets and farmers/vendors was identified as an entry point to support humanitarian response and food security efforts following the widespread destruction of TC Winston. Four Markets for Change project market sites served as the distribution point for market vendor farmers – in Ba, Lautoka, Tavua and Rakiraki.

The aim was to ensure that affected communities had timely and appropriate access to emergency agro-input supplies for an initial period of three months until agriculture activities produced their first yields. The program provided support to market vendors with extended vegetable production package (seeds, tools and fertilizers). Five different varieties of seeds were included in the vegetable production package to the market vendors in quantities three times superior to the package given to the farming households targeted in the indicator 2.1. This enabled vendors to quickly re-start production in areas most affected and should support to decrease the prices in the markets through an increase of supply of vegetables.

#### Output 3:

Indicator 3.1: The initial target of the output was to support 300 households (180 women) of livestock farmers to resume their production in Ba Province. The indicator 3.1 aimed at providing 4,000 day old chicks and feed starter (330 bags of 10kg), grower (330 bags of 25 kg) and finisher (330 bags of 25 kg). Through the Livestock Division of MoA the framework of the assistance was designed together with the setup of the criteria to ensure that the most vulnerable households were supported. Two different interventions were conducted to assist with: 1) 4,200 meat day-old chicks and feed (Chick starter feed: 350 bags x 25kg Broiler Starter; grower feed: 350 bags x 25kg and finisher feed 350 bags x 25kg). An actual figure of 756 beneficiaries was achieved which included individual households, (7) boarding schools, eleven women's groups and four youth groups and; 2) 8,000 egg-laying day-old chicks, 7,000 day-old cockerels and feed (Chick starter feed 800 x 25kg Layer Starter; grower feed: 2,400 x 25kg pullet grower feed and finisher feed: 1,600 bags x 25kg layer mash feed). A total of 748 beneficiaries were supported which included 5 boarding schools, one women's group, seven Mataqali (Clans) and individual households. The rehabilitation exercise extended beyond Ba province to Ra province (which was the worst hit province), Taveuni, coastal areas of Bua and Cakaudrove provinces, and also Koro with parts of Tailevu Province areas adjacent to Ra province. The extension of the assistance boundary was recommended by the MoA because the extended areas identified and reached were worse off and much more devastated than Ba province. The big difference in numbers from 300 (output 3 target) to 756, was due to the actual allocated package size of assistance which was 12 broiler birds with appropriate feed for individual households, with groups and schools receiving up to 36 birds/feed. The number of birds given (as agreed with MoA) was manageable for individual households and it was easy for beneficiaries to construct small sheds from scrap material to house the chicken and provide safety/shelter.

Indicator 3.2 and 3.3: The provision of roofing material to shelter animals was key in preserving livestock farming of the beneficiaries. Three critical issues were preventing the affected households from restarting their production: prices of roofing material which increased drastically after TC Winston, lack of material present in-country (which was also a major constraint for procurement to be tackled by FAO) and finally stray animals attacking livestock in Fiji. In this regard, the assistance was responding to an urgent need and was critical in the restart of the production of goats, sheep, pigs and cattle. The procurement of roofing iron (target 600/actual 200), goat wire (target 300/actual 900) and barbed wire (target 150/actual 700) enabled FAO to cover more beneficiaries than initially

planned in line with the available budget. In total, 406 households were supported with fencing and animal shelter material. The beneficiaries were different from those who received day-old chicks as those engaged in large livestock farming are different groups of stakeholders.

Output 4:

Output 4.1: At the request of the MoFF, FAO has developed in collaboration with MoFF technicians, a program of assistance for fishing households including the setting up of criteria, composition of the kits and areas of interventions at community levels including detailed figures. The main objective of the MoFF was to provide fishing kits of limited value but urgent need to a large number of fishing households in the areas directly impacted by TC Winston. This resulted in the important increase in the number of the beneficiaries supported to 14,091 households in the Eastern, Northern/Western and Central Divisions.

The fishing kits were designed to replace items lost and respect the traditional and legal fishing practices in each of the areas assisted. The kits were adapted to each of the communities and packages were composed of combinations of the following: fishing lines and hooks, different types of nets, masks and snorkels and coolers. The distribution included an instruction leaflet reminding beneficiaries of the legal and sustainable fishing practices.

Output 4.2: Trainings were conducted in Ovalau Island in more than 10 villages for boat and engine repairs directed at MoFF staff, fishery extension officer and of course fishers with damaged boats. 57 outboard motors (57 owners) underwent maintenance and their owners were trained on safe practices and long-term maintenance by a boat repair expert, an engine technician and fisheries officers. Repair and maintenance equipment was procured. Fishers and fishery extension officers have now the minimum knowledge required to ensure maintenance of equipment and repair damages to boats and engines.

Output 5:

Initial planning figures had set the number of recipient households at 7500 in priority areas 4 and 5 which were to receive two cash transfers (per HH), each transfer being USD 115. As the situation evolved on the ground with more detailed assessments by both WFP and the Government, the Government revised its request to WFP and increased the target areas to 12, requiring coverage of 12,300 beneficiary households. The revised transfer value, reduced from US\$ 115 to US\$73.17, was due to an updated calculation of the cost difference between full minimum household food requirements and what the government was already providing, which showed that FJD 150 (USD 73.17) was sufficient to provide meet the food needs requirements for each target household.

WFP was therefore able to reach 12,300 households, with an overall cash transfer value of US 900,000, with each household getting a cash entitlement of USD 73.17 (equal to FJD 150). The remainder of CERF funds were not re-programmed and will be returned to the CERF secretariat once WFP financial closure processed for 2016 are completed.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

Output 1:

Population directly involved in the decision on most needed tools and equipment, modality of implementation (no emergency employment scheme) as well as in the monitoring (directly implemented by villages headsmen, using tools provided by UNDP: maps, monitoring books, etc.).

Output 2, 3 and 4:

FAO ensured that national institutions were included at all levels during the design of the intervention, implementation and monitoring of the activities through MoA and MoFF as well as extension officers in direct contact with communities. The composition of kits was modified according to feedback received by the communities to increase varieties of tools, seeds and adapt the quantity of fertilizers to needs.

During the implementation, accountability was ensured through signing of MoA delivery dockets by individual beneficiaries and group representatives for issuance of all FAO assistance materials and stock. Copies of these delivery dockets were kept by beneficiaries and FAO to cross check with beneficiaries during monitoring.

Training with demonstrations was conducted and technical leaflets were distributed in English and Fijian to ensure beneficiaries are informed/trained to properly manage the assistance to their own advantage.

During delivery/distribution of assistance, all facts regarding the assistance were clearly highlighted to beneficiaries, which were greatly appreciated by beneficiaries.

In particular, the decision to purchase an extra 8,000 egg laying chicks was made upon expression of a preference voiced by cyclone victims during monitoring of phase one of project on broiler birds. The egg laying chicks selected for distribution for the second phase are a local breed that is more resilient, provides good protection against pests and other small animals attacking the households (snakes and rats) and provide a more sustainable source of income to vulnerable households.

Output 5:

Throughout all phases of WFP's food assistance operation through the national Social Safety Nets (electronic cards, food vouchers and cash grants) catering to the needs of some of the poorest and most vulnerable members of society affected by Cyclone Winston, WFP worked in close collaboration with the MoWCPA responsible for the design and implementation of the social protection schemes to ensure that all five Inter-Agency Standing Committee (IASC) developed commitments to AAP were enforced. MoWCPA, which also doubles as the primary advisor to the Government on women's empowerment and gender issues in Fiji ensured its commitment to accountability to vulnerable beneficiaries by ensuring feedback and accountability mechanisms (which were already existing) were reinforced right from the "re-targeting" exercise of families needing additional food assistance within the three national Social Safety Nets - Poverty Benefit Scheme (PBS), Care and Protection Allowance (CPA), and Social Pension Scheme (SPS) – and whose principal locations were within the cyclone-affected areas, as prioritised by the Government. Beneficiaries received advance notice of the additional entitlements, value and conditions of use through a Government-led sensitisation campaign, which included radio talk shows, public service announcements in English, Fijian and Hindi and newspaper advertisements. To ensure the food assistance response did not exclude vulnerable households and individuals not registered in the Government social protection schemes but who had slipped into poverty due to the cyclone, WFP worked in coordination with ADRA, which monitored the implementation of the programme and addressed identified exclusion errors under a separate food voucher intervention. ADRA's monitoring also functioned as a feedback and complaints mechanism for programme recipients, and enabled timely programme adjustments during the implementation phase.

#### 14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT ☒

Output 2, 3 and 4:

EVALUATION PENDING ☐

The project was evaluated by the relevant FAO technician in collaboration with the staff of MoA where random samples of the beneficiaries were interviewed using questionnaire assessments designed by FAO. Generally, the people interviewed were happy and thankful to the FAO for the assistance which came to their rescue in their time of need and food security was on the way to full restoration.

Considering the particular intervention in small livestock package, a post-distribution survey was conducted to all of the assisted households to assess the impact of the intervention and the level of satisfaction towards the composition of the package distributed. Based on feedback received from the beneficiaries and extension officers, and due to the saving made on the procurement of the first batch of meat chicks, FAO procured an additional batch of 8,000 egg laying chicks plus 7,000 cockerels for 748 beneficiaries (including 5 boarding schools and one community women's group).

FAO is in the process of evaluating the impact of all the assistance conducted in the framework of the emergency support in response to TC Winston which will give an overall view of the agricultural emergency assistance delivered in 2015. This evaluation will take into account the productivity, the potential impact on income and the resilience to future shocks. However, due to the time required for an appropriate robust assessment, it cannot be documented in the framework of this report.

NO EVALUATION PLANNED ☐

Output 5:

WFP did not carry out a full evaluation, but made provision for monitoring the implementation and also worked with its partner, the Government of Fiji, in having a full review of the intervention through joint lessons learnt exercise. Through this exercise, which focused on measuring programme results and identifying capacity-building activities, various recommendations emerged to strengthen the Government's Social Safety Nets and improve their scalability to respond to humanitarian emergencies. Recommendations include:

- Continue efforts to develop an updated centralized database for Department of Social Welfare (DSW) recipients with strong connectivity between the central and division level;
- Develop a targeting and registration system to provide support to the 'near poor' and other households who are not in Department of Social Welfare beneficiary database, but who have been severely affected by a disaster;
- Develop SOPs for shock responsive Social Safety Nets including the definition of roles and responsibilities (definitions of authority and delegation), coordination mechanisms, processes and activities at both the central and local levels;
- Improve analysis of vulnerabilities including identification of targeting groups with special needs (i.e. elderly, disabled) and assistance required for each group and conduct food security mapping with nutrition components and consumption patterns;
- Better definitions for deciding at what time to distribute cash depending on the situation, i.e. short term: in kind, medium term: food voucher and Help for Homes (HfH) to ensure people do not become dependent on cash-based transfers;
- Communications strategy including identifying clear roles and responsibilities at each level and communications channels to be used during emergency situations:
  - Increase communications channels such as the participation of Turaga ni Koro (village leaders) and volunteers in the communication strategy to disseminate programme information including the benefits and beneficiary selection criteria;
  - Building an effective feedback mechanism and government call centre;
- Setting up a pool of trained volunteers/staff and hire them on a temporary basis during emergencies/crisis and develop a psycho-social support strategy for staff being deployed.



TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:	UNFPA		5. CERF grant period:	22/02/2016- 21/08/2016			
2. CERF project code:	16-RR-FPA-015		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Health						
4. Project title:	Addressing emergency Reproductive Health needs of people affected by TC Winston						
7. Funding	a. Total funding requirements		US\$1,595,272	d. CERF funds forwarded to implementing partners: ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i>			
	b. Total funding received		US\$ 565,970				
	c. Amount received from CERF:		US\$ 300,472				
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		3,360		3,360	131	136	267
Adults (≥ 18)		3,990		3,990	10,352	234	10,586
<b>Total</b>		<b>7,350</b>		<b>7,350</b>	<b>10,352</b>	<b>370</b>	<b>10,853</b>
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs	7,350			10,853			
Host population							
Other affected people							
<b>Total (same as in 8a)</b>	<b>7,350</b>			<b>10,853</b>			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,		During the TC Winston response, an estimated number of 55,046 were internally displaced persons (IDPs), most of them living in shelters or with relatives or friends. Among the total IDP figures, 10,853 benefited from UNFPA/CERF funded services.					

<i>please describe reasons:</i>	Data was not disaggregated by age or sex. Data available is for new-borns with complications only (which is not reflective of the total new-borns reached) and also does not reflect teenagers reached with Maternal Health and Family planning services.
---------------------------------	---

CERF Result Framework			
9. Project objective	To provide emergency response to reproductive, maternal and new-born, adolescent health with special focus on life saving emergency obstetric, new-born care and RH.		
10. Outcome statement	More than 7,350 pregnant women and new-borns have access to emergency health services.		
11. Outputs			
Output 1	5,600 pregnant women and 1,750 new-borns protected through adequate continuum of care post emergency		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of Health facilities receiving facility-based RH Kits equipment and supplies to implement minimum Initial Service Package (MISP) after the cyclone	12 facilities in the affected areas	24 Health facilities received RH Kits
Indicator 1.2	Number of sexual assault survivors provided with clinical management of rape after the cyclone	100% of sexual assault victims reported provided with treatment and support	One (1) case reported and treated
Indicator 1.3	Number of pregnant women with complication receiving Emergency Obstetric Care after the cyclone	280	99
Indicator 1.4	Number of midwives deployed to augment services in the affected areas	20	25
Indicator 1.5	Percentage of new-borns with complications that received new-born emergency care after the cyclone	90%	100% (48 new-borns with complications, received new-born emergency care
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement and distribution of emergency reproductive health kits, equipment and supplies for essential RH care including management of rape	UNFPA – procurement MOH - distribution	UNFPA – procurement MOH distribution
Activity 1.2	Recruitment and placement of (retired) midwives in affected health facilities for a period of 3 months	UNFPA, Fiji Nursing Association	UNFPA, Fiji Nursing Association
Activity 1.3	Conduct of outreach missions which includes the RH information sessions for women of reproductive age and young people	UNFPA, Reproductive & Family Health Association of Fiji (RFHAF), MSP, IPPF	MoH, UNFPA

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

CERF funding enabled 2887 pregnant women to receive antenatal care services, 934 women and men to receive family planning commodities and 4,017 women to attend sexual RH awareness sessions. In addition, a total of 170 men also benefited from the awareness on sexual and RH issues. Also 1019 lactating mothers benefited from Postnatal Care (PNC). Moreover 3000 clean delivery kits were distributed. An opportunity was taken to also provide screening for cervical cancer (not one of the life-saving interventions) for remote communities. Measures have been put in place for follow-up of the women screened to get their results and appropriate follow-up care.

**Deployment of midwives**

During an emergency, rapid deployment of community outreach workers to Evacuation Centres, to households hosting displaced families, and to households still living /camping in damaged and destroyed areas is critical in preventing and reducing morbidity and mortality. In order to ensure continuity of antenatal, safe delivery and postnatal related services, UNFPA provided assistance through funding of 25 retired midwives, who had been identified by and worked in partnership with MoHMS. They were posted at various maternity units of major hospitals of the affected areas and also deployed to support outreach medical missions.

**Deployment of midwives to health facilities:** MoHMS identified the need to have midwifery support to relieve health facilities that were affected by TC Winston. The MoHMS recognised that the local staffs in these facilities had been affected personally by the aftermath of the cyclone and had not had time to attend to their personal needs. So 17 retired midwives were deployed to Rakiraki Hospital, Rakiraki Health Center, Ra Maternity, Ba Mission Hospital, Savusavu Hospital, Levuka, Nambowalu Hospital and Taveuni Hospital. The midwives were assigned to the health facilities in order to assist the medical team who had been working extra hours post TC Winston providing Antenatal care, Safe Delivery, PNC, clinical management of rape including cancer screening.

**Deployment of Midwives as Mobile Outreach Team:** Eight retired midwives similarly worked as part of the MoH's Outreach teams that conducted mobile clinics in the hard hit areas; rotating within Ba, Ra, Koro, Levuka, Tailevu, Savusavu, Taveuni, Nabouwalu and Vanuabalavu in the Lau Group. These Outreach teams worked for 6 weeks in the field and made return visits to worst affected areas in the above mentioned locations. The teams comprised doctors, nurse practitioners, nurses, midwives, nutritionists, dieticians and health inspectors providing a holistic approach to community health in emergencies. This ensured access to RH information and services by affected populations, in particular women and girls. In addition, these midwives sensitized the affected communities about their RH and protection issues and encouraged them to seek antenatal care and obstetric care as needed. Mobile outreach teams also provided Antenatal care, Safe Delivery, Post Natal Care, clinical management of rape including cancer screening. These teams also handed over dignity kits to help women and girls to address their immediate basic hygiene needs.

The Outreach Teams were provided with outdoor furniture (such as service tents, foldable chairs and portable screens for privacy), supplies (like stationary, pregnancy test kits, hand sanitizers and haemocure strips), IEC materials to facilitate health promotion activities and equipment such as haemocure machines and equipment extracted from some of the RH Kits already mentioned. These included Doppler foetal heart machines, and Autoclaving sets which use a primus stove to sterilise equipment ensuring availability of sterile equipment in the remote rural communities.

**Deployment of midwives to Women Friendly Spaces:** There were midwives deployed to staff the WFS in Savusavu, Ba, Ra, Tailevu, Lomaiviti, Cakaudrove, Bua, and Lau provinces. The midwives were integrated within the WFS model so they could work as a team with the female facilitators who had been trained on GBV interventions in disaster contexts to serve the needs of women and girls, particularly, survivors of GBV and/or those at risk. The primary roles of the midwives were to provide sexual and RH services information counselling and referral when women required services, provide overall supervision of the WFS. Some women were referred for specialist counselling, to the health centres, maternity units and social welfare.

**Procurement and distribution of RH Kits and medical supplies and equipment**

Given the damage to health facilities, it was important to provide necessary equipment and supplies to enable them to function and

ensure access to lifesaving reproductive, maternal, new-born, and adolescent health interventions by the affected communities. With CERF funding, UNFPA provided RH kits to 24 health facilities to enable them meet the emergency reproductive, maternal, new born and adolescents' health, HIV prevention and Sexually Transmitted Infections (STIs) health care needs of women during the acute phase of the emergency as well as to support the re-establishment of comprehensive RH services in the early-recovery phase. This included provision of RH kits, equipment and other supplies to support the functioning of restored hospitals as well as strengthening health service providers' capacity to deliver RH services. UNFPA has provided MISP, RH Kit orientation as well as orientation on clinical management of rape to some health facilities that received the RH kit.

The RH kits included 3,000 clean delivery packs to cover the needs of more than 350,000 affected populations for a period of three months. Depending on the type, these kits were distributed to health service providers, maternity units and referral hospitals. Clean delivery kits were part of this distribution as sanitized delivery packs for clean and safe deliveries in emergency situations.

#### **Development of IEC materials in support of emergency response**

A variety of tailored IEC materials were developed in consultation with partners and distributed in WFS and Health centres in order to sensitize communities on sexual RH/GBV and provide information on referral services. UNFPA provided assistance to the Family Health Sub-Cluster of the HNC on the localization of RH IEC materials to be used in the health information sessions. The Family Health Sub-Cluster was also supported to develop radio messages which were regularly aired on at least 2 radio stations throughout the response period. The following IEC materials were distributed:

- 1,000 RH Kits manual booklets
- 1,000 Minimum Initial Service RH Leaflets
- 1,000 Sexual and RH-GBV TC Winston Response brochures
- 5,000 Printed manual fans with promotional messages for RH and WFS
- 200 T-shirts in support of community outreach

#### **13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

During TC Winston in Fiji initial needs assessments were not undertaken by UNFPA, but by the government, and preliminary results were shared after the submission of this proposal. During the onset of the disaster, we estimated RH needs following estimations from NDMO and OCHA for 350,000 affected populations in total.

Distribution plans for Dignity kits and implementing plans for outreach missions and subsequent monitoring and reporting were developed using monitoring forms filled by the nurses deployed and supervised during field trips.

#### **14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☐

An AAR was organized and chaired by OCHA on behalf of the Resident Coordinator (RC) through the PHT.

EVALUATION PENDING ☐

The lessons learnt exercise was attended by PHT members on Sept 27, recipients of CERF funding and others. Representation was from UNICEF, WHO, UNFPA, WFP, the UN RC's Office and OCHA. Similarly, the Government of Fiji conducted a workshop on lessons learnt from response to TC Winston in Novotel, Lami by August 2016. This was also attended by UN agencies, the I/NGOs and donors.

NO EVALUATION PLANNED ☒

UNFPA did not undertake an formal evaluation of the response after the implementation of the ER plan alone, however undertook an internal after action review that informed publication on UNFPA TC Winston Fiji Response 2016 accessible on UNFPA Pacific's website: <http://pacific.unfpa.org>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:		UNFPA		5. CERF grant period:		22/02/2016- 21/08/2016	
2. CERF project code:		16-RR-FPA-016		6. Status of CERF grant: <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:		Safety and Protection					
4. Project title:		Life-saving GBV response through multi-sectoral services and protection of vulnerable women and girls					
7. Funding	a. Total funding requirements:		US\$ 987,760		d. CERF funds forwarded to implementing partners:		
	b. Total funding received:		US\$ 198,148		▪ NGO partners and Red Cross/Crescent: US\$ 29,999		
	c. Amount received from CERF:		US\$ 198,148		▪ Government Partners:		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		5,200	358	5,558			
Adults (≥ 18)		5,200	357	5,557	2,486		2,486
Total		10,400	715	11,115	2,486		2,486
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs							
Host population							
Other affected people							
Total (same as in 8a)		11,115			2,486		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		<p>Documentation by some of the NGOs who undertook activities in recording those reached: data was not disaggregated by sex or age, only total numbers were registered by recording their names and also the recording started very late since WFS was a new concept and there were no clear instructions on registration. For example, men &amp; school children that came through the WFS were not recorded with the assumption the facility was for women.</p> <p>Number of beneficiaries remained low in the start-up period of WFS and continued to increase with enhanced awareness among communities over time. The low turnout noted initially could be attributed to the fact that WFS was an entirely new concept in the local context, norms and culture.</p>					

	<p>Thus, it took time and sensitization for the women to warm up to the idea of having a safe space where they could all converge to access a variety of women focused services, which were part of this initiative.</p> <p>Consultations with national partners and inter-agency partners to identify appropriate locations for WFS sites took time and led to delays in initiating WFS establishment Some delays in identifying retired midwives for deployment to the affected areas impacted programming timelines.</p>
--	---

CERF Result Framework			
9. Project objective	Improving the health, safety and dignity of women in post emergency settings.		
10. Outcome statement	Cyclone affected and displaced women and young girls protected against all forms of GBV		
11. Outputs			
Output 1	Strengthened national capacity to scale up life-saving GBV prevention services including sexual assault and response.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of women, men, girls and boys receiving psycho-social support	10,400 females	2,486
Indicator 1.2	# of GBV survivors who received support through case management	715 males	0
Indicator 1.3	# of functional referral pathways per affected location	100 % All identified cases receive full package of services	100%
Indicator 1.4	# women and adolescents young girls accessing women friendly spaces	4,000	2,486
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of dignity kits for GBV survivors visiting WFS	UNFPA MoH	UNFPA, MOH
Activity 1.2	Identify locations in the provinces of Ra, Tailevu, Cakaudrove and Koro for community outreach, psycho-social support and set up WFS and provide services required	MoH and Ministry of Women UNFPA	MOH, MOW, UNFPA
Activity 1.3	Identify retired nurses and midwives to deliver/boost community outreach services in coordination with MoH & Fiji Nursing Association and deploy them accordingly	MoH UNFPA	MOH, UNFPA
12. Please provide here additional information on project’s outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
The reasons for discrepancy between planned and actual reached can be attributed to number of factors, including transport costs for women to come to the WFS given all source of livelihoods were destroyed and the women generally placed matters of their affected family members above their own, through for example ensuring their access to shelters, food and likely taking care of the health of their family first, especially children. The accessibility of the WFS could also be a factor affecting the low numbers reached initially given they were mostly in town centres (or close to town centres) due to transport challenges in placing them in rural areas, since roads were damaged and putting up tents in places where people’s houses were badly damaged would have been counterproductive. It is noted that			

<p>WFS was an entirely new concept introduced to Fiji through the TC Winston response and as such took time for sensitization for the women to warm up to the idea of having a safe space where they could all converge to access a variety of women focused services which were part of this initiative. While the number of beneficiaries remained low in the start-up period of WFS, it continued to increase with enhanced awareness among communities over time. It is expected that as the model has now been introduced and tested through TC Winston response it will continue to be even more valuable for women in any future emergency response.</p>	
<p><b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b></p>	
<p>Implementation and monitoring was undertaken on a weekly basis by the National NGOs engaged through small grants. Discussions with sub-national level government offices identified the target groups given the level and extent of damage in those areas and the number of populations affected, with particular focus on number of women in those populations/communities.</p> <p><b>Monitoring and Evaluation</b></p> <p>Through the PHT and under collaboration of the Cluster, UNFPA conducted strong monitoring through regular field visits to all WFS facilities during the period of operations. The presence of UNFPA staff at the field level ensured sustained coordination with local government counterparts and inter-agency partners, making sure that the multi-sectoral approach were used in ensuring that RH and GBV concerns of the affected population were consistently addressed.</p> <p>The 5Ws matrixes were compiled on a fortnightly basis and were submitted through the Protection Cluster. Tools for monitoring and reporting were designed and rolled out with IPs. Health Information data and weekly reporting from WFS were collected, analysed and recorded on a weekly basis. Progress on the implementation was tracked against the indicators and work plan. A snapshot of UNFPA's humanitarian interventions was prepared on regular basis throughout response, and in addition, regular situation reports on all relevant funding sources were provided. Oversight was also kept on how the data was being collected and necessary guidance was provided to midwives and facilitators on how data collection and reporting could continue to be improved throughout the response.</p>	
<p><b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b></p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>An AAR was organized and chaired by OCHA on behalf of the RC through the PHT. The lessons learnt exercise was attended by PHT members on Sept 27, recipients of CERF funding and others. Representation was from UNICEF, WHO, UNFPA, WFP, the UN RC's Office and OCHA. Similarly, the Government of Fiji conducted a workshop on lessons learnt from response to TC Winston in Novotel, Lami by August 2016. This was also attended by UN agencies, the I/NGOs and donors.</p> <p>UNFPA did not undertake an formal evaluation of the response after the implementation of the ER plan alone, however undertook an internal after action review that informed publication on UNFPA TC Winston Fiji Response and WFS: Fiji Experience 2016 accessible on UNFPA Pacific's website: <a href="http://pacific.unfpa.org">http://pacific.unfpa.org</a></p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>	IOM		<b>5. CERF grant period:</b>	23/02/2016- 22/08/2016			
<b>2. CERF project code:</b>	16-RR-IOM-015		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
<b>3. Cluster/Sector:</b>	Shelter						
<b>4. Project title:</b>	Fiji cyclone response: shelter and Non Food Items (NFI), pipeline						
<b>7. Funding</b>	a. Total funding requirements:		US\$ 3,700,200	d. CERF funds forwarded to implementing partners:			
	b. Total funding received:		US\$ 1,100,067	■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 131,000.00			
	c. Amount received from CERF:		US\$ 1,100,067	■ <i>Government Partners:</i>			
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
<b>Direct Beneficiaries</b>		<b>Planned</b>			<b>Reached</b>		
		<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (&lt; 18)</i>		5,342	4,370	<b>9,712</b>	9,636	10,214	19,850
<i>Adults (≥ 18)</i>		9,096	7,442	<b>16,538</b>	10,639	13,196	23,835
<b>Total</b>		14,438	11,813	<b>26,250</b>	<b>20,275</b>	<b>23,410</b>	<b>43,685</b>
8b. Beneficiary Profile							
<b>Category</b>		<b>Number of people (Planned)</b>			<b>Number of people (Reached)</b>		
<i>Refugees</i>							
<i>IDPs</i>		26,250			43,685		
<i>Host population</i>							
<i>Other affected people</i>							
<b>Total (same as in 8a)</b>		<b>26,250</b>			<b>43,685</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		The total number of beneficiaries reached was higher than planned. This is because materials were stretched further than planned and additional procurement was done with remaining funds. Although IOM planned to work with at least 3 IPs, there were very few partners available with the required capacity, thus the organization did its best to reallocate within the CERF framework and conducted direct distributions to reach additional beneficiaries.					



	IOM ensured that there was no double counting, by working with partners to target specific locations without overlap. Partners then reported on total beneficiaries covered by CERF support in conjunction with their internal funding and commodities support (see 12 for more details). In the case of Koro, IOM directly distributed goods to beneficiaries as a standard package.
--	---

CERF Result Framework			
9. Project objective	Provide humanitarian assistance to meet the immediate and lifesaving Shelter/NFI needs of the most vulnerable people affected by TC Winston in Fiji.		
10. Outcome statement	Reduce morbidity and mortality due to exposure through the rapid, effective and secure delivery and distribution of emergency shelter and non-food items to the cyclone affected population		
11. Outputs			
Output 1	5,250 households have access to emergency shelter (including shelter grade plastic)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of households reached with shelter assistance	5,250	10,642
Indicator 1.2	# of individuals reached with shelter assistance (disaggregated)	26,250	43,685
Indicator 1.3	# of households with access to technical assistance and Build Back Safer (BBS) advice	5,250	10,642
Indicator 1.4	# of IPs engaged with distribution and BBS activities	3	2
Indicator 1.5	# of households reached with extended assistance packages based on identified specific needs	500	650
Indicator 1.6	% of distribution teams that include women	50%	50%
Indicator 1.7	% of distributions where protection monitoring teams are on hand for support and monitoring	25%	30%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement and in-kind distribution of emergency shelter kits and NFIs to families with houses damaged and destroyed	IOM	IOM
Activity 1.2	Distribution and technical assistance awareness campaigns (Build Back Safer)	IPs	IPs (Habitat for Humanity and Care) /Shelter Cluster
Activity 1.3	Establish field offices/presence for monitoring and support to partners on targeting, access and identification of the most vulnerable, especially women, girls and people with disabilities	IOM	IOM
Activity 1.4	Rapid response team for targeted distributions at evacuation centres and other IDP/Host family locations identified by IOM DTM or Protection teams in Fiji, particularly people with specific needs including women, girls and people with disabilities	IOM	IOM
Activity 1.5	Post distribution monitoring by IOM offices to ensure that the needs of women, girls and people	IOM and IPs	IOM and IPs (Habitat for

	with disabilities have been addressed, including partner additional support in shelter provision and set-up		Humanity and Care)
Activity 1.6	Extended assistance packages for people with specific needs - these will include targeted distributions for various groups including: pregnant women (e.g. mosquito nets), people with disabilities (additional tools and cash for work for support), women and children (solar lamps with cell phone chargers), transport and construction/shelter setup assistance as needed	IPs	IPs (Habitat for Humanity and Care)

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Overall, the project surpassed its targets and was ultimately successful. A large increase in beneficiary numbers was achieved by combining packages with additional donations from other donors through IPs. In some cases, IOM's IPs found that families needed different NFIs to those that had been planned, and the emergency shelter materials were not a primary need. In such cases, some families were given just 1 plastic sheet instead of 2. Other families received only strapping and ropes from IOM materials, having been added to the total NFI package. This prevented double counting while ensuring that beneficiaries received a full and adequate package, in-line with Shelter Cluster guidance (minimum number of tarps, fixings, etc.)

Given that IPs had staff on the ground directly assessing the specific needs of each community and each household, IOM left the responsibility of needs assessment and allocation per family up to the partners based on Shelter Cluster guidance. With this in mind, beneficiaries received materials which were deemed most suitable for their needs and in due course, a greater number of beneficiaries were reached.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

Follow-up on shelter needs and distributions has been done by the cluster, the IPs and through the IOM ETM surveys. IOM's ETM survey accessed 535 villages across Fiji which had been directly affected by TC Winston. Together with the Shelter Cluster and other agencies, IOM developed a detailed questionnaire to specifically address shelter needs and other NFI concerns. Based on the survey results, IOM found a need for a broad reach of emergency shelter interventions as well as the need for further interventions in transitional shelter in a few specific areas, namely Koro Island. In response to the identified gap in support for shelter in Koro, IOM promptly took the initiative to rapidly procure and deliver additional shelter materials to 671 households in a matter of 3 weeks, with materials including transitional shelter materials deemed necessary given the timeline and difficulties of ensuring that additional shelter goods would reach the targeted population in the future.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☐

The evaluation of the project stands with the ETM results. The ETM surveys found that there had been a wide coverage of shelter response from IOM IPs as well as other agencies.

EVALUATION PENDING ☐

Additionally, an internal post-distribution monitoring visit was conducted on Koro Island in November 2016, when IOM sought to assess whether the needs of particularly vulnerable communities - as identified through ETM surveys - had been met. The evaluation showed that IOM's intervention was an important catalyst in the reconstruction and rebuilding of villages and communities on Koro Island.

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:	IOM		5. CERF grant period:	22/02/2016- 21/08/2016			
2. CERF project code:	16-RR-IOM-016		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Safety and Protection						
4. Project title:	Protecting children affected by Cyclone Winston from violence, abuse and exploitation.						
7. Funding	a. Total funding requirements		US\$ 400,000	d. CERF funds forwarded to implementing partners: ▪ NGO partners and Red Cross/Crescent: ▪ Government Partners:			
	b. Total funding received:		US\$ 400,000				
	c. Amount received from CERF:		US\$ 200,000				
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		12,210	9,990	22,200	15,850	17,437	33,287
Adults (≥ 18)		20,790	17,010	37,800	22,190	23,775	45,965
<b>Total</b>		33,000	27,000	60,000	38,040	41,212	79,252
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs	60,000			79,252			
Host population							
Other affected people							
<b>Total (same as in 8a)</b>	60,000			79,252			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:				No significant discrepancy. The numbers of IDP surveyed is representative of the ETM work done during the event – in two rounds.			

CERF Result Framework			
9. Project objective	Ensure that protection and services are provided to persons displaced by TC Winston in accordance with international and national laws and standards, and with the active participation of the displaced communities;		
10. Outcome statement	Address time critical humanitarian needs – including information, protection and safety – of the population displaced by TC Winston and forced to remain in Evacuation Centres and other Displacement Sites		
11. Outputs			
Output 1	Establish the Displacement Working Group to coordinate actions and partners that target the needs and rights of the displaced population		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of meetings of the displacement working group	4	4
Indicator 1.2	# of products created including guidance notes and SOPs for EC support and durable solutions	3	2
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Conduct 4Ws and map partner activities in evacuation centres; mapping of the needs of women and girls, and in particular GBV risks will be taken into consideration in all efforts;	IOM – submitted to Protection co-leaders	IOM – Partially achieved
Activity 1.2	Adapt and support the dissemination of Evacuation Centre (EC) management guidelines and SOPs	IOM and Protection Cluster	IOM
Activity 1.3	Provide advocacy and road map advice to the MoWCPA on EC closure and durable solutions	IOM and Protection Cluster	IOM
Activity 1.4	Provide advocacy and advice to the MoWCPA on relocation events	IOM and Protection Cluster	IOM
Output 2	Publish three rounds of DTM information and provide immediate support as identified to vulnerable and displaced individuals and families		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of DTM reports	3	2
Indicator 2.2	# of Enumerators and CMO trained	100	105
Indicator 2.3	# of vulnerable displaced households assisted based on DTM reports	750	671
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Adapt and test the DTM for use in Fiji displacement context	IOM	IOM
Activity 2.2	Develop database based on DTM questions for rapid dissemination of results and analysis	IOM	IOM
Activity 2.3	Hire and train enumerators	IOM	IOM
Activity 2.4	Roll out three rounds of DTM; disseminate results	IOM	IOM
Activity 2.5	Provide lifesaving commodities and support to targeted displaced persons with specific needs identified through the DTM including but not limited to solar	IOM	IOM

	lights, hygiene and dignity kits, transport support (referrals for health and protection cases)		
<b>Output 3</b>	Build Government capacity for information management and advocate for improved planning and communication with partners and the displaced population. Knowledge of global CCCM standards is limited and has led to gap in proper planning, communication and information sharing with partners and the displaced population.		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	# of Officers seconded to support Division Commissioners and the NDMO	2	3
Indicator 3.2	# of tools printed and disseminated (pamphlets or other items on Sphere standards and improved ECs)	5,000	0
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Provide emergency training and tools in displacement management with a focus on durable solutions for key government and partners working with displaced populations to adequately account for rights when closing camps	IOM	IOM
Activity 3.2	Provide emergency training and tools in displacement management with a focus on durable solutions for key government and partners working with displaced populations to adequately account for rights when closing camps	IOM	IOM
Activity 3.3	Provide a 3-month staff support (national) secondments at four Divisions as well as one at the Ministry level to support information management and sharing and emphasize targeting for people with specific needs	IOM	On the ground, as needs developed, IOM instead worked with the Bureau of Statistics to manage the ETM and support data gathering on behalf of the Government of Fiji (please see below for info)

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

The project was hindered by political issues resulting in the delayed dissemination of key findings. The DTM Surveys– as referenced in the indicators above – were renamed (per request from the Government of Fiji) to ETM surveys. This was due to the politicised nature of the term “Displacement” in Fiji. The production of additional monitoring tools and SOPs for Evacuation Centres, as well as the tracking of displaced persons, was hindered and ultimately stopped due to challenges relating to cooperation between humanitarian partners and the Government of Fiji.

However, the project was useful in enabling an understanding the situation and needs of affected populations. If the results had been more widely shared, agencies could have responded more efficiently and effectively.

Indicator 3.2 was not met due to the fact that there was a decision to reallocate these funds into trainings for the Government of Fiji on data collection and information management, rather than be used for the production of pamphlets or other media on Evacuation Centres.

Additionally:

Rather than have staff seconded to government bodies, IOM seconded 3 staff from the FiBOS to work on the data collection and trainings.

A displacement working group was established and meetings were held but it was cancelled due to a lack of attendance. A lack of cooperation and political will meant the discussion of displacement and Evacuation Centre management was not possible.

Output 3 was achieved indirectly. Capacity and understanding of displacement management centred on data collection and information management, with buy-in from IOM's partner, FiBOS.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

The ETM methodology is intrinsically designed to ensure AAP in programming, as the aim is to capture real-time data on the needs to vulnerable populations in a participatory, bottom-up approach. This respectful approach to data collection was carried out through existing leadership and the communities themselves, with a particular focus on ensuring that any potentially excluded groups would be captured. Deliverables to the community are difficult to measure as the findings of the surveys were unable to be shared in real-time. The ETM data was used to inform Shelter interventions in Koro and was the sole source of comprehensive information on the needs there. Particularly vulnerable households were able to be targeted as a result of the ETM data.

Capacity-building of the Government of Fiji in data collection and displacement management has been well-received and will serve the Government response to future disasters.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☐

No evaluation was planned for this activity as the primary focus was data collection and dissemination.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		WFP		5. CERF grant period:		14/03/2016- 13/09/2016	
2. CERF project code:		16-RR-WFP-013		6. Status of CERF grant:  <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:		Common Telecommunications					
4. Project title:		Emergency Telecommunications					
7. Funding	a. Total funding requirements :		US\$ 700,000		d. CERF funds forwarded to implementing partners:  ■ NGO partners and Red Cross/Crescent:  ■ Government Partners:		
	b. Total funding received :		US\$ 197,287				
	c. Amount received from CERF:		US\$ 44,940				
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)					N/A	N/A	N/A
Adults (≥ 18)					N/A	N/A	N/A
Total					N/A	N/A	N/A
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees					N/A		
IDPs					N/A		
Host population					N/A		
Other affected people					N/A		
Total (same as in 8a)					N/A		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		N/A					

CERF Result Framework			
9. Project objective	To address the initial challenges of the response by reinforcing national coordination structures and supporting the integration of the humanitarian community capacities into the Government of Fiji response plan. The ETC cluster will assists the NDMO and the Government to regain essential communications throughout the archipelago.		
10. Outcome statement	Emergency response command and control system is in place, functional and effective, relying on efficient Telecomms.		
11. Outputs			
Output 1	Re-establish the national coordination structures		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Complete mapping of the damages and gaps in the NDMO and Government national coordination structures and	100% (complete gap analysis)	100%
Indicator 1.2	NDMO and Ministry of Communications (MoC) communications are re-established. Command and control functional	95% (comms re-established in all major dictricts and provinces)	100%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Assess status of communications and identify gaps	Emergency Telecomms Cluster (WFP and members)	WFP / NDMO / Ministry of Telecommunications
Activity 1.2	Procure and Re-establish communications where needed	Emergency Telecomms Cluster (WFP and members)	WFP / NDMO / Ministry of Telecommunications

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

The CERF funding received by the ETC was fully utilised to deploy staff to support cluster coordination, conduct telecommunications assessments, and provide equipment to support the Fijian Government response. An emergency telecommunications kit was also pre-positioned to support the response. Non-CERF funding received by the ETC was utilised to assist the Fiji NDMO to update their emergency radio communications system, and provide laptops to Government personnel working in disaster response and logistics who had mobility requirements. Other actors including the private sector assisted by providing emergency communications equipment to assist Government and communities. For this operation, WFP did not provide common emergency telecommunications services to the humanitarian community.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

Following an assessment of the Government's emergency communications systems, carried out in the period after TC Winston, WFP worked with the NDMO to upgrade its emergency capability, and to provide onsite training to district and provincial office staff on the use of the upgraded (HF) radio system. The scope of the upgrade included bringing online 10 sites in the NDMO's HF radio communication network; providing two portable HF emergency radio communication packs; and refurbishing the communications room at the NDMO headquarters in Fiji's capital of Suva. These upgrades and trainings are expected to strengthen the NDMO and key counterparts' early warning and crisis management communication, and build the capacity of emergency staff to provide an effective and coordinated disaster response.



Building on the positive partnership forged during the TC Winston response, WFP is continuing its work with the Government of Fiji, MoC and its partners, in establishing strong emergency telecommunication preparedness capacity in the country, through joint advocacy and technical collaboration.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☐

WFP as co-lead agency of the Communications Cluster together with the Fiji MoC as lead, consulted various stakeholders to evaluate the TC Winston response, identify gaps and provide feedback to improve the effectiveness of future response operations with respect to emergency telecommunications. Areas identified for further improvement include: (i) strengthen the emergency communication infrastructure available to the Fiji NDMO to communicate in disaster periods, (ii) strengthen the national Communications Cluster in Fiji as a central coordinating mechanism for emergency response relating to telecommunications, and (iii) improve coordination between actors to ease the movement of technical specialists to affected areas to conduct assessment and deployment activities. The pro-activeness of the private sector in restoring communications services post TC Winston was acknowledged.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		WFP		5. CERF grant period:		21/02/2016- 20/08/2016	
2. CERF project code:		16-RR-WFP-014		6. Status of CERF grant:  <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:		Common Logistics					
4. Project title:		Logistics Cluster logistics capacity and coordination augmentation support to the government led response to TC Winston					
7. Funding	a. Total funding requirements :		US\$ 382,000		d. CERF funds forwarded to implementing partners:  ■ NGO partners and Red Cross/Crescent:  ■ Government Partners:		
	b. Total funding received :		US\$ 208,650				
	c. Amount received from CERF:		US\$ 208,650				
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)					N/A	N/A	N/A
Adults (≥ 18)					N/A	N/A	N/A
Total					N/A	N/A	N/A
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees					N/A		
IDPs					N/A		
Host population					N/A		
Other affected people					N/A		
Total (same as in 8a)					N/A		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		N/A					

CERF Result Framework			
9. Project objective	To support and augment the coordination and storage capacity of the government of Fiji and humanitarian partners in their response to the effects of TC Winston		
10. Outcome statement	The most affected population receive humanitarian relief assistance in an efficient and uninterrupted manner		
11. Outputs			
Output 1	Rapid deployment of Seven MSUs		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Deployment of MSUs before mid-March	6	7
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Purchase and airlift of MSUs	WFP	WFP
Activity 1.2	Erection of MSUs	WFP	WFP/NDMO

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

The CERF funding received to support and strengthen the Government-led TC Winston response and its logistical implementation, was fully utilized within the planned timeframe. Seven MSUs were rapidly deployed from WFP's contingency stocks in Subang, Malaysia. Based on identified needs and the provision of additional storage capacity by other partners and donors, four WFP MSUs were handed over to the NDMO to augment the Government and humanitarian partners' capacity to store, sort and package relief items. Three MSUs remain in-country on stand-by capacity as part of WFP's emergency preparedness strategy in the Pacific. In an exercise in capacity-building, selected national emergency response teams were trained by WFP in setting-up and maintaining the MSUs and their management handed over to the NDMO. As global lead-agency of the Logistics Cluster, WFP also provided logistics coordination and information management support to its national counterpart, the Fiji Procurement Office (MoE).

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

In addition to the provision of MSUs to boost the Government and humanitarian partners' storage capacity and the training of Government personnel to build the facilities, WFP also reinforced Logistics Cluster's coordination mechanisms and provided technical advisory and information management services to ensure the integration of the humanitarian community's logistical requests and capacities into the overall national response plan, and maximise relief operations. Additional activities implemented in coordination with the NDMO and the Fiji Procurement Office (MoE) included the establishment of regular Logistics Cluster coordination meetings to facilitate exchange among actors and minimise duplication of logistics activities during the response; the sharing of operationally relevant information on sea, road and air transportation, storage and fuel when required; and the establishment of Request for Assistance forms and procedures for the use of military assets. As local market's capacities were deemed adequate and accessible after the cyclone, and in light of the availability of a strong commercial sector and military assets, there were no identified gaps requiring WFP, global lead agency of the Logistics Cluster, to provide common logistics services to the humanitarian community. WFP engagement with Government counterparts resulted in the transferring of an array of logistical skills and technical competencies to Government personnel and cooperating partners. Through its Pacific emergency preparedness strategy WFP continues to work closely with the National Logistics Cluster to build national capacities to respond to large-scale humanitarian emergencies, and to improve the timeliness and efficacy of the international response

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>The Fiji Procurement Office (MoE) and WFP - lead and co-lead of the Logistics Cluster respectively - conducted informal discussions with national logistical operators and Cluster participants, with the aim to evaluate the performance of the Logistics Cluster's TC Winston operations; to reflect on its relevance, efficiency, and effectiveness in responding to identified needs; and to improve processes and procedures for future operations. Key recommendations identified during consultations include: (i) strengthen the role of the National Logistics Cluster to assume greater humanitarian coordination functions and responsibilities by shifting its designated line ministry from the MoE/Fiji Procurement Office to the NDMO; (ii) clarify roles and responsibilities of key national logistical stakeholders to foster a more timely, cohesive and effective humanitarian response, and to boost collaboration between all sectors within logistics (including privately-owned assets and resources); (iii) expand private sector engagement in emergency response procedures and requirements; (iv) enhance coordination and information flow of logistics processes and procedures at the national and sub-national level; (v) ensure early dissemination of SOPs, requirements and frameworks for receiving international relief items (i.e. customs, sea freight, biosecurity, warehousing, goods handling, inventory management); and (vi) increase information sharing on logistics gaps and constraints; transport and storage availability, and tracking tools to enhance upstream and downstream pipeline visibility to better support decision-making and minimise duplication.</p>	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>		WHO		<b>5. CERF grant period:</b>		22/02/2016- 21/08/2016	
<b>2. CERF project code:</b>		16-RR-WHO-012		<b>6. Status of CERF grant:</b> <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
<b>3. Cluster/Sector:</b>		Health					
<b>4. Project title:</b>		Provision and restoration of clinical and public health services for the populations affected by TC Winston					
<b>7. Funding</b>	a. Total funding requirements:		US\$ 2,150,000.00		d. CERF funds forwarded to implementing partners:		
	b. Total funding received:		US\$ 947,539		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 151,114		
	c. Amount received from CERF:		US\$ 672,699		■ <i>Government Partners:</i> US\$ 116,639		
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		56,595	58,905	115,500	56,595	58,905	115,500
Adults (≥ 18)		114,905	119,595	234,500	114,905	119,595	234,500
<b>Total</b>		171,500	178,500	350,000	171,500	178,500	350,000
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		56,000			56,000		
Host population		258,070			258,070		
Other affected people		35,930			35,930		
<b>Total (same as in 8a)</b>		<b>350,000</b>			<b>350,000</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		There is no discrepancy between planned and reached beneficiaries. The numbers of beneficiaries are the number of the whole population living in the cyclone-affected communities served by Divisional Hospitals, Sub divisional Community Health Centers, and Health Dispensaries managed by Fiji MoHMS. CERF project provided direct support to the MoHMS programmes responsible for clinical services, public health intervention, family health, nutrition, mental health, medical supplies, and communications. The number of population in the hard-to-reach communities served by the mobile health service teams of					

	NGO partners are not included in the reporting of beneficiaries to avoid double counting of beneficiaries.
--	--

CERF Result Framework			
9. Project objective	Provision and restoration of clinical and public health services for the most at risk populations in the severely affected communities by TC Winston.		
10. Outcome statement	Contained excess mortality, morbidity and disability related to the impact of the TC Winston on 350,000 population severely affected by TC Winston.		
11. Outputs			
Output 1	The coordinated and efficient health sector response in ensuring the essential and immediate health needs of 350,000 population affected by the Cyclone in 22 Provinces across all four Divisions.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Short and medium term health sector response strategic and operational plans produced and disseminated	2	2
Indicator 1.2	Number of 3W matrix maintained and used to inform planning	20	21
Indicator 1.3	Number of health sector maps used to inform planning, on damage and repairing of health facilities, emergency medical teams, coverage of essential services, including environmental health services at the health facilities and evacuation centres	10	22
Indicator 1.4	Number of people accessing health services	350,000	350,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Coordination of health sector response activities between different programmes of MoHMS, and health cluster members to meet the priorities and gaps already identified by MoHMS Humanitarian Action Plan (HAP)	MoHMS, with support of WHO, as Health Cluster lead, Health and Nutrition Cluster partners, and Inter Cluster Coordination Group	MoHMS, with support HNC (WHO, UNICEF and members)
Activity 1.2	Short and medium strategic and operational planning, based on gap analysis, and monitoring of health needs and relief response	MoHMS, with support of WHO, as HNC lead, and HNC partners	MoHMS, with support HNC (WHO, UNICEF and members)
Activity 1.3	Re-establish operational functions of health facilities to provide life-saving healthcare services, and expand essential public health services to affected populations, through provision of environmental health services to prevent outbreaks of water-, food- and vector borne diseases, psycho-social support at the communities, settlements and evacuation centres,	MoHMS, with support of WHO, as HNC lead, and HNC partners	MoHMS, with support HNC (WHO, UNICEF and members)
Output 2	Provision of lifesaving primary medical/surgical services to 350,000 population affected by the TC Winston in 22 Provinces across all four Divisions		

Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of functioning health facilities providing selected relevant services	204	214
Indicator 2.2	Number of Provinces served with mobile health services	10	10
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Set up temporary health facilities (tents) close to totally and partially damaged health infrastructures, including the provision of essential drugs and medical equipment	MoHMS, WHO and AmeriCares	MoHMS, RKM and Medical Services Pacific (MSP)
Activity 2.2	Deployment of mobile medical teams	AmeriCares, MSP, and RKM	MoHMS, Ramakrishna Mission (RKM) and Medical Services Pacific (MSP)
<b>Output 3</b>	Disease surveillance and early response established and functional for 350,000 population affected by the cyclone in 22 Provinces across all four Divisions		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of health facilities and evacuation centres doing systematic epidemiological data collection, compiling, analysing and report dissemination for further health intervention decision	42 health facilities; 20 evacuation centres	34 health facilities
Indicator 3.2	Percentage of cases reported to EWARS within 24 hours among the notifiable disease examined by doctors at the health facilities	90%	92%
Indicator 3.3	Percentage of response activities within 48 hours among all disease alerts received	95%	100%
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Establish new syndromic surveillance sites for epidemic prone disease surveillance in main affected areas for early detection, investigation and response to outbreaks	MoHMS, with support of WHO, as HNC lead, including deployed mobile medical teams	MoHMS, with support of WHO
Activity 3.2	Provide technical support, capacity building among MoHMS staff, and necessary human resource augmentation on disease surveillance and early warning system	WHO	WHO
Activity 3.3	Implement public health interventions such as vector control and preventive measures, and IEC campaign on local priority health needs	MoHMS, with support of WHO, as HNC lead, including deployed mobile medical teams	MoHMS, with support of WHO

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Outcome 1

- Indicator 1.1: Strategic and operational response plans were produced in the form of 'Public Health Risk Assessment' and 'Humanitarian Action Plan' by MoHMS with support of WHO and Health Cluster.
- Indicator 1.2: Information for 3Ws was collected from cluster members weekly from February until August for six months.
- Indicator 1.3: Maps were published in the HNC Bulletins, and communications with HNC Partners. They included outputs of Health Resources Availability Mapping System (HeRAMS), EWARS, Mental Health and Psychosocial (MHPSS) Community Based Services, Arboviral outbreaks in the Pacific, Zika Action Plan Maps, and Tuberculosis (TB) hotspot maps.

Outcome 2

- Indicator 2.1: All of 214 healthcare facilities became fully functional as of 20 August 2016.
- Indicator 2.2: RKM provided mobile medical services in RakiRaki, Tavua and Ba; MSP provided mobile medical services in other seven areas. In addition the following schools and communities were provided with mobile medical services: Homes of Hope, Hibiscus Carnival, Komave Village Western division, Vatoa Village Serua- Western division, Fiji Vocational Training Centre for persons with Disabilities, and Methodist Conference Suva.

Outcome 3:

- Indicator 3.1: Because evacuation centres were quickly closed down, it was not possible to collect epidemiological data from there. So EWARS focused on reporting from health care facilities. The sentinel sites of the EWARS included Divisional Hospitals, sub-divisional hospitals and health centres in all four health divisions across Fiji. Although the initial plan was to have 42 sentinel sites, 34 health care facilities eventually participated in the EWARS. This number (34) deemed sufficient for the purpose of syndromic surveillance for early warning of outbreak-prone diseases.
- Indicator 3.2: Per the SOP, EWARS reportable syndromes are reported daily (within 24 hours) to the EWARS sentinel site focal point (local level alert awareness) but only tallied/reported on a weekly basis to the national level for inclusion in EWARS analysis and bulletins. An evaluation of EWARS in May 2016 indicated completeness improved from a low of 68% of sites reporting on time (first week of system implementation) to 85-100% of sites reporting on time each week since then.
- Indicator 3.3: Per the SOP, EWARS reportable syndromes are reported daily within 24 hours to the EWARS sentinel site focal point at the local level. Once tallied on a weekly basis 100% of alerts are identified and followed up on per the EWARS SOP. Response activities vary from alert verification (follow up to verify whether the alert is real or a false alarm) to monitoring of the situation and/or investigation, prevention and control. For example, in April-May 2016 EWARS identified increases in ILI that were closely monitored following detection of several SARI cases in Fiji.

Reasons for discrepancy between planned and actual outcomes, outputs and activities:

Activity 2.1 and 2.3: Among the implementing agencies, AmeriCares was replaced with "Live and Learn". This change was necessary to prevent a conflict of interest with the tobacco industry following WHO procedure of pre-screening of partners for humanitarian action.

Other additional outcomes:

- In relation to Outcome 1, special efforts were provided to improve the functionality of health care systems through utilization of HeRAMS and Hospital Safety Index (HSI).
- Procurement was made and donated to MoHMS including IEHK, diarrhoeal kits, vector control equipment and supplies, diagnostic kits, water testing equipment (PortaLab), tents, EWARS in a Box, and diagnostic kits for vector-borne diseases (e.g., dengue, chikungunya, Zika).
- FPBS was supported to enhance the timeliness and effectiveness of distribution of medical supplies in emergencies. A workshop was organized to strengthen humanitarian supply chain management, revise and develop SOPs on the fly.
- MoHMS and the news media was supported for effective communications of public health risks and recommended healthy behaviour.
- MoHMS was supported in the use of geographic information systems (GIS) for life-saving public health and emergency response. WHO provided technical support to the MoHMS responsible for life-saving disaster response activities through weekly training on GIS-based information management for emergency response.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

To ensure AAP during the design, implementation and monitoring of this project, WHO took actions as below.



At the planning stage, project partners to provide mobile medical services were selected in part on the basis of a track record in accountability (AAP commitment to leadership/governance). In the implementation stage, feedback from the affected populations was received through talanoa sessions. A workshop of faith-based organizations serving the affected populations was organized by HNC (AAP Commitment to transparency). The talanoa session is a traditional way of community-level face-to-face conversation in Fiji which was utilized for both psycho-social support and two-way dialogue between the psychological first aid (PFA) providers and community representatives (AAP Commitment to feedbacks and complaints). When the sanitation facilities were installed, the local human resources were employed (AAP Commitment to participation).

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
<p>The After Action Review (AAR) was carried out internally by WHO from 11-17, as a process of internal evaluation and reflection by WHO and surge staff. The key findings were: (1) the overall coordination of the project is good; (2) there are weak points in the utilization of collected information and delayed procurements.</p> <p>The final evaluation was carried out by the HNC Secretariat through a questionnaire survey carried out in July-August. The results were reported at the HNC meeting on 30 September 2016. The report is attached. Key findings were: (1) the planned targets were achieved with very good implementation of life-saving surveillance network (EWARS) and public health interventions; (2) there were weaknesses in the information management and timeliness of making contracts and procurement; (3) lessons learnt include the specific need of humanitarian response partners to train on the field data collection and use of information tools. Both the AAR and the final evaluation summary are attached.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

**TABLE 8: PROJECT RESULTS UNWOMEN CERF PARTNERS**

CERF project information							
<b>1. Agency:</b>		UN Women	<b>5. CERF grant period:</b>		22/02/2016- 21/08/2016		
<b>2. CERF project code:</b>		16-RR-WOM-003	<b>6. Status of CERF grant:</b>		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
<b>3. Cluster/Sector:</b>		Safety and Protection					
<b>4. Project title:</b>		Keeping Women and Girls safe: preventing and responding to gender-based violence through lifesaving health, psycho-social and protection interventions					
<b>7. Funding</b>	a. Total funding requirements		US\$ 482,760	d. CERF funds forwarded to implementing partners: ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 171,000 ▪ <i>Government Partners:</i>			
	b. Total funding received		US\$ 195,942				
	c. Amount received from CERF:		US\$ 189,123				
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		6,700		6,700	7245	449	7,694
Adults (≥ 18)		26,800		26,800	11509	860	12,369
<b>Total</b>		<b>33,500</b>		<b>33,500</b>	<b>18,754</b>	<b>1,309</b>	<b>20,063</b>
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs							
Host population							
Other affected people		33,500			20,063		
<b>Total (same as in 8a)</b>		<b>33,500</b>			<b>20,063</b>		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,		Total number reached – The projects recorded an overall coverage of around 20,063 people, of which 93% (18,754) are women and girls. This is around 60% coverage of what was planned.					

<p><i>please describe reasons:</i></p>	<p>Age category – Children (&lt;18) the coverage surpassed target (108%). Adults' category however was only 43% of initial planned.</p> <p><b>Coverage per indicator:</b></p> <p><b>Indicator 1</b> – Around 18,891 women and girls (63% of planned) were reported to have accessed information about where to go to receive life-saving care and treatment. This is inclusive of women and girls who have accessed to both support and community outreach programs. The partners engaged directly in providing support on the field and outreach on where to go was coordinated through the GBV sub cluster work, using the IEC materials developed.</p> <p><b>Indicator 2</b> – Around 13,285 women and girls (380% of planned) received direct care and services through the mobile clinics and direct support. It is a great achievement that partner far surpassed the target as this was about providing direct relief and support.</p> <p><b>Indicator 3</b> – Around 361 women and girls living with disabilities (240% of planned) received rapid psycho-social assessments and other support mostly in terms of dignity packs.</p> <p>The gap in reach and discrepancies could be attributed to the following:</p> <ol style="list-style-type: none"> <li>1. Restricted reach due to isolation of some areas with poor roads and rough terrains, unavailability of communication networks, overwhelming debris, bad weather conditions and lack of suitable transportations to do real-time delivery to the field and conduct thorough data collection.</li> <li>2. Personnel Capacity – Long-working hours and overwhelmed staff despite internal support within their organization during the intervention.</li> <li>3. Target set for Indicator 1 could have been too high given the conditions and time factor for the intervention, outreach and awareness programme could have reached much more than recorded but focus was more on Indicator 2.</li> </ol> <p>It should be noted however, that through the coordinated actions of the GBV Sub Cluster, the target of 30,000 people likely reached if we were to include all protection agency data.</p>
--	---

CERF Result Framework			
9. Project objective	Provide life-saving services to ensure that survivors of gender-based violence are safe and are able to heal.		
10. Outcome statement	30,000 women and girls at risk of, or experiencing, gender-based violence receive time critical, life-saving interventions that facilitate their healing and recovery.		
11. Outputs			
Output 1	Increased access to urgent health, psychosocial, and safety interventions for women and girls		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of women and girls living in affected communities that have information about where to go to receive life-saving care and treatment.	30,000	18,891
Indicator 1.2	Number of women and girls at risk of, or experiencing GBV, who receive information, care and services through the mobile clinics and direct support	3,500	13,285

Indicator 1.3	Number of women and girls with disabilities who receive rapid psychosocial assessments and support	150	361
Indicator 1.4	Functional referral systems in place that includes multi-sectoral services for GBV survivors	Yes	Yes
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Providing individualized safety and psychosocial need evaluations for women and girls in affected areas, including women with disabilities.	UN Women, Empower Pacific, MSP, FDPF	UN Women, Empower Pacific, MSP, FDPF
Activity 1.2	Providing emergency case referrals, follow up, psychosocial support, safe shelter, and relief and care supplies to survivors of gender-based violence	UN Women, Empower Pacific, MSP, FDPF, FWCC	UN Women, Empower Pacific MSP, FDPF, FWCC
Activity 1.3	Providing women with disabilities emergency relief and care packages calibrated to their specific disability needs	UN Women, FDPF	UN Women, FDPF
Activity 1.4	Sending mobile clinics to evacuation centres and surrounding communities for mobile health and psychosocial services including: clinical care of sexual assault, counselling, sexual and reproductive health services, and support to new mothers.	UN Women, MSP	UN Women, MSP,
Activity 1.5	Establishing standard operating procedures, including referral pathways, to ensure a coordinated, multi-sectoral response to GBV cases	UN Women, Empower Pacific , MSP, FDPF,FWCC	UN Women, Empower Pacific , MSP, FDPF,FWCC
Activity 1.6	Conducting information and awareness raising campaigns on key GBV issues, including information on the availability and accessibility to services and GBV prevention messages within the community	UN Women, Empower Pacific MSP, FDPF,FWCC	UN Women, Empower Pacific, MSP, FDP, FWCC plus Life Line

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

1. Additional Information:

- All 5 partners assisted (MSP, FDPF and FWCC) and provided varied support to victims on TC Winston but mainly focused on service provision around the worst affected area on the cyclone in Western (Lautoka, Ba, Tavua, Rakiraki), Eastern (Nausori, Tailevu) and Northern (Cakaudrove, Bua Province).
- The support centred around the provision of life-saving services to ensure survivors of GBV are safe and able to heal and deal with the ordeal of the cyclone and to increase access to urgent health, psycho-social and safety interventions for women and girls. The support included individualised safety and psycho-social assessments for women and girls in affected areas (inclusive of those living with disabilities), emergency referrals, follow up and psychosocial support, counselling, awareness raising campaigns and more. In addition to these, work was also done around establishing of SOPs and referral pathways to ensure a coordinated, multi-sectorial response to GBV cases.
- This support was closely coordinated through the GBV Sub Cluster which UN Women was the Co-lead of with the Government of Fiji.
- This support was also closely coordinated with the WFSs that UNFPA supported during the response. A sub group of the GBV Sub Cluster was created with UN Women's CERF partners and UNFPA to ensure very close coordination and efficient use of resources.
- The project engaged the support of 6 government agencies and 10 CSOs and NGOs around Fiji.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

1. UN Women committed to ensure policies and practices are from a human, and human rights, perspective and made a commitment to respecting and preserving the dignity of the people assisted under CERF. Holding important leading positions during the intervention enabled UN Women to support strengthening good leadership and embedded good practices amongst organizations to ensure that partners deliver on their commitments.

Highlights of achievements under this role include:

- Restarting the Pacific Humanitarian Protection Cluster (PHPC) GBV sub Cluster
  - Co-lead the national GBV sub cluster
  - Actively engaged with national Safety & Protection Cluster.
  - Supporting the development of GBV response and reporting protocols
  - Securing core funds to support immediate response work key partners, including FWCC.
  - Supporting the development of a GBV Referral & Reporting Pathway and IEC materials.
  - Supporting the development of a code of conduct for dealing with cases on GBV.
  - Common assessment tool and checklist for using of assessment tool.
2. Tailored support to partners throughout their whole project cycle to ensure due diligence, and proper project management implementation, tools and ethical consideration:
- Project management and operational support in grant management, M&E and data collection for all partners. UN Women designed specific data collection templates per partner for ease and validity of data collection.
  - Working with Pacific Fund Grantees, ensure programming continues
3. UN Women chose it's implementing partners for the CERF funded project because they were direct service providers for GBV with high levels of reach in the affected areas. UN Women also made a strategic decision to partner with the Fiji Disabled People's Federation to ensure that families affected by disability were prioritised from the outset.
4. Partners committed to capturing some of their good practices and lessons learnt. This includes but is not limited to the following:
- i. Effective public awareness program involves effectively engagement of community leaders and gate-keepers (men) as well as women and youth on the topic of end violence against women (EVAW)
  - ii. Consistent and regular follow-ups improve coordination and partnership (MSP)
  - iii. Care logistics and transportation planning like additional haulage for carrying relief items (MSP)
  - iv. Existing formal protocols maximize resources and enhance multi-stakeholder coordination mechanism and strengthen the organization's capacity to deliver relief rapidly (MSP)

v.	Simplified and clear referral pathway enhances efficiency in service delivery (MSP)
vi.	Organizational support (flexible working hours, over time pay) and psychological support and counselling for field staff was proven helpful before going out to the field (FWCC, EP and MSP)
vii.	Assess and involve the needs of people living with disabilities into Disaster Relief Planning and Intervention of every partner working on ERAW (FDPF)
viii.	Longer modality for projects with items not available locally, like the items procured from Britain specifically for women and girls living with disabilities (FDPF)
ix.	Individual household visits by pairs of CIWs ensured that there are no barriers to individuals accessing the services (Lifeline)
x.	Focus on helping people identify barriers to their lives (especially on short-term projects) and effectively link them to the services that they need (Life Line)

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
---	---

No Evaluation was planned due to the following:	EVALUATION PENDING <input type="checkbox"/>
---	---

- **Time** – The fairly short time for planning, logistics and overseeing implementation of the project was a big hindrance to finding the time for planning for an Evaluation.
- **Budget** – The budget was fully committed to the partners to support the need for the project, and for monitoring of their work.
- **Evaluability status of the project** – Since this is the first intervention of this type, from the planning stage it was clear there was inadequate information and resources like baseline data, resources/capacities and assessment frameworks (given the fact that there are multiple partners supporting the same partners), to support an Evaluation. There was also no clarity on how we were expected to conduct Evaluation, under the overall CERF Project.

NO EVALUATION PLANNED ☒

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
16-RR-IOM-015	Shelter & NFI	IOM	NNGO	\$110,383
16-RR-IOM-015	Shelter & NFI	IOM	NNGO	\$20,617
16-RR-FAO-008	Agriculture	FAO	GOV	\$7,736
16-RR-FPA-016	Protection	UNFPA	NNGO	\$29,999
16-RR-CEF-029	Education	UNICEF	GOV	\$167,810
16-RR-CEF-029	Education	UNICEF	NNGO	\$21,951
16-RR-CEF-030	Nutrition	UNICEF	GOV	\$155,068
16-RR-CEF-031	Water, Sanitation and Hygiene	UNICEF	GOV	\$302,665
16-RR-CEF-031	Water, Sanitation and Hygiene	UNICEF	INGO	\$116,175
16-RR-CEF-031	Water, Sanitation and Hygiene	UNICEF	INGO	\$168,048
16-RR-CEF-032	Protection	UNICEF	GOV	\$55,630
16-RR-CEF-032	Protection	UNICEF	INGO	\$50,000
16-RR-WOM-003	Protection	UN Women	NNGO	\$49,000
16-RR-WOM-003	Protection	UN Women	NNGO	\$50,000
16-RR-WOM-003	Protection	UN Women	NNGO	\$34,000
16-RR-WOM-003	Protection	UN Women	NNGO	\$38,000
16-RR-WHO-012	Health	WHO	INGO	\$50,000
16-RR-WHO-012	Health	WHO	NNGO	\$76,114
16-RR-WHO-012	Health	WHO	NNGO	\$25,000
16-RR-WHO-012	Health	WHO	GOV	\$116,639

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADRA	Adventist Development and Relief Agency
AAP	Accountability to Affected Populations
AAR	After Action Review
BBS	Build Back Safer
CBT	Cash-based Transfers
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
CPA	Care and Protection Allowance
CSO/CSOs	Civil Society Organization/ Civil Society Organisations
DSW	Department of Social Welfare
DTM	Displacement Tracking Matrix
ECCE	Early Childhood Care and Education
ECE	Early Childhood Education
EOC	Emergency Operation Center
EP	Empower Pacific
ETC	Emergency Telecommunications Cluster
ETM	Evacuation Tracking and Monitoring
EVAW	End Violence Against Women
EWARS	Early Warning Alert and Response System
FAO	Food and Agricultural Organization
FDPF	Fiji Disabled People's Federation
FBOs	Faith Based Organisations
FiBOS	Fiji Bureau of Statics
FJD	Fijian Dollar
FPBS	Fiji Pharmaceutical and Biomedical Services
FWCC	Fiji Women Crisis Centre
GBV	Gender Based Violence
GIS	Geographical Information System
HAP	Humanitarian Action Plan
HC	Humanitarian Coordinator
HeRAMS	Health Resources Availability Mapping System
HfH	Help for Homes
HNC	Health and Nutrition Cluster
HPM	Humanitarian Performance Monitoring
HSI	Hospital Safety Index
IASC	Inter-Agency Standing Committee
IOM	International Organization for Migration
IDP	Internally Displaced Person
IEC	Information, education and communication
IEHK	Interagency Emergency Health Kit
IMAM	Integrated Management of Acute Malnutrition
IP	Implementing Partner
IPPF	International Planned Parenthood Federation
IYCF	Infant and young child feeding
MHPSS	Mental Health and Psychosocial
MISP	Minimum Initial Service Package



MYS	Ministry of Youth and Sports.
MoA	Ministry of Agriculture
MoE	Ministry of Economy
MoEHA	Ministry of Education Heritage and Arts
MoFF	Ministry of Fisheries and Forestry
MoH	Ministry of Health
MoHMS	Ministry of Health and Medical Services
MoWCPA	Ministry of Women, Children and Poverty Alleviation
MSP	Medical Services Pacific.
MSU	Mobile Storage Units
NDMO	National Disaster Management Office
NFI	Non Food Items
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
ORS	Oral Rehydration Solution
PBS	Poverty Benefit Scheme
PFA	Psychological First Aid
PHT	Pacific Humanitarian Team
PHPC	Pacific Humanitarian Protection Cluster
PIC	Pacific Island Countries
PLW&AG	Pregnant, Lactating Women and/or Adolescent Girls
PNC	Postnatal Care
PSA	Public Service Announcements
RC	Resident Coordinator
RFHAF	Reproductive & Family Health Association of Fiji
RH	Reproductive Health
RUTF	Ready-Use-Therapeutic-
SAM	Severe Acute Malnutrition
SOP	Standard Operating Procedures
SPS	Social Pension Scheme
STI	Sexually Transmitted Infection
TC	Tropical Cyclone
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USD	United States Dollar
WASH	Water, Sanitation and Hygiene
WFS	Women Friendly Space
WFP	World Food Programme
WHO	World Health Organization