

FIJI
RAPID RESPONSE
CYCLONE HAROLD
2020

20-RR-FJI-42874

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

09 March 2021

The participants included: the Resident Coordinator (RC), OCHA, the four implementing agencies IOM, UNICEF, WFP, and WHO; implementing partners Live & Learn, Partners in Community Development (PCDF), Field Ready, Habitat for Humanity – Fiji; and the Ministry of Health (MoH). Also attending the AAR was the Director of the Fiji National Disaster Management Office (NDMO) and the Permanent Secretary from the Ministry of Rural and Maritime Development and National Disaster Management (the two latter on the invitation of the RC).

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes No

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The CERF-sponsored humanitarian response to TC Harold in Fiji targeted priority clusters, locations, and households for support and ensured the most vulnerable and badly affected people were provided with life-saving support. The planning process and subsequent relief activities helped rally various humanitarian partners (grant-receiving agencies and their implementing partners, national clusters, the National Disaster Management Office) to pool resources, streamline work processes and exploit synergies to quickly establish a common narrative (in the absence of a Humanitarian Response Plan), and complement immediate bilateral emergency funding from major donors. The CERF response also raised the awareness and capacity among humanitarian partners on targeted programming on protection, gender-based violence initiatives, and for people with disabilities. Agencies worked closely with government counterparts and local NGO's to ensure that assistance complemented local systems, was cost-effective and had maximum impact. This work also brought to light the need for continued support to ensure clusters are better prepared and coordinated within, as well as with local government agencies and actors to ensure faster more timely support is provided to affected communities. The CERF allocation provided much needed timely, added value in a time when in-country resources, response capacities, aid agency budgets and donor capabilities all were stretched to the limit due to the COVID-19 pandemic and its consequences.

CERF's Added Value:

Did CERF funds lead to a fast delivery of assistance to people in need?

Yes

Partially

No

Grant-receiving agencies felt that precious time was lost at the various stages of the process such as: prolonged data collection, identification of priorities, drafting the application and further consultation with applying UN agencies, the initial green light from the fund and, finally, the disbursement of funds by the CERF Secretariat. Below are the approximate timelines of the process:

TC Harold made landfall on 08 April; a concept note was sent on 21 April; the ERC agreed to a CERF Allocation of USD 1m on 24 April; the Chapeau and project proposals followed on 27 May; and the CERF approval letters were sent between 06 and 11 June to the respective agencies.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Three out of the four agencies answered "partially", mainly based on issues of process – particularly with governmental implementing partners – but also due to the particular operating environment in times of the pandemic. UNICEF noted that with its timely intervention for WASH in schools and in health care facilities, there was a reduction in the number of reported cases for water borne diseases.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

The quality and frequency of coordination particularly between humanitarian actors and government entities leading the humanitarian response improved at the federal as well as district level. Information and data exchange became more frequent and more efficient as priority activities were identified and planned. At the PHT-level, various *ad hoc* meetings were organized on top of the regular meeting schedule, ensuring an adequate consultation process of concerned agencies as well as all other humanitarian stake holders responding outside this particular CERF envelope.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

As the Government of Fiji did not finalize a Humanitarian Response Plan following TC Harold, there was no other overall resource mobilization going on by grant-receiving agencies, however, the Government of Fiji used information from the CERF application to bilaterally discuss and solicit financial assistance from key donors, such as Australia and New Zealand. Furthermore, there was some spill-over affect for implementing partners, who were able to share and coordinate resources, including logistics such as inter-island shipping.

Considerations of the ERC's Underfunded Priority Areas¹:

This CERF allocation particularly focused on a) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; and b) programmes targeting disabled people. Education in protracted crisis did not apply as this tropical cyclone was a fast-onset emergency. Other aspects of protection were addressed through regular programming.

The most urgent funding was for the support for women and girls as this was a cross-cutting issue throughout each of the four programs requesting CERF funding. Among the most vulnerable of the most affected by this cyclone, women and girls are facing a number of challenges, including GBV. Grant-receiving agency and their implementing partners were ensuring that best practices in this field were applied and the highest standard in selection and implementation were respected.

As regards disabled people, agencies and their implementing partners were closely collaborating with the Pacific Disabilities Forum (also being an implementing partner for UNICEF) to ensure that their special needs are accounted for. One interesting discrepancy has emerged when IOM during one of their assessments found out that government criteria for being registered as disabled differ quite considerably from UN criteria. In villages assessed, the number of disabled differed quite considerably: the government had 3-4% of the population registered as disabled, while UN standards would put that number in some cases as high as 15%. That caused some problems when rendering (shelter) assistance. This different approach needs to be discussed with the government urgently in order to find a common approach before the next crisis arises.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	10,000,000
CERF	1,002,748
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	0
Total funding received for the humanitarian response (by source above)	1,002,748

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
IOM	20-RR-IOM-018	Emergency Shelter and NFI - Shelter and Non-Food Items	100,000
UNICEF	20-RR-CEF-038	Water Sanitation Hygiene - Water, Sanitation and Hygiene	200,077
WFP	20-RR-WFP-032	Food Security - Food Assistance	599,843
WHO	20-RR-WHO-026	Health – Health	102,828
Total			1,002,748

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	241,158
Funds sub-granted to government partners*	583,765
Funds sub-granted to international NGO partners*	0
Funds sub-granted to national NGO partners*	177,825
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	761,590
Total	1,002,748

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

On 8 April, Tropical Cyclone (TC) Harold passed over the islands of Kadavu, Vatulele and the Lau group in Fiji. TC Harold affected more than 186,000 approximately 20 percent of Fiji's population according to the Minister for National Disaster Management. The cyclone caused widespread destruction of structures, blocked roads due to fallen trees and caused flash flooding over low lying coastal areas and areas close to riverbanks. Airstrips and infrastructure was heavily damaged and access was extremely difficult. Power outages throughout the affected areas made it difficult to quickly quantify the damage as telecommunications were severely affected. Entire villages – in the eye of the storm - were heavily damaged or even fully destroyed. The agricultural sector suffered enormous crop loss and damage to agricultural areas seriously impacting on the food security situation. Access to safe water, following the destruction of a considerable part of the water supply system, was problematic. At the height of the crisis, close to 200 evacuation centres accommodated more than 6,000 persons (mostly in the Eastern and Central Divisions).

Operational Use of the CERF Allocation and Results:

For the humanitarian response, USD 1 million was allocated from the CERF's rapid response window. This enabled WFP, UNICEF, IOM and WHO (and their implementing partners) to provide lifesaving assistance to the most vulnerable people in the most affected areas. The priority cluster identified were WASH, Health, Shelter and Food Security, the latter through cash. A total of 22,819 people was assisted disaggregated as follows: 9,822 men, 8,413 women, 2,507 boys and 2,077 girls. Among the beneficiaries were 3,307 people with disabilities.

People Directly Reached:

Three agencies (IOM, UNICEF, and WFP) reached their intended targets. WFP calculated their number of people to be assisted from the Department of Social Welfare recipients list, IOM from figures from NDMO and UNICEF figures from the MoH. WHO was not able to reach approximately 15 % of its beneficiaries of the intended population (calculated through MoH figures), mainly due to challenges caused by the pandemic; i.e. COVID-19 travel protocols (deployment difficulties due to lock down of various areas of Fiji) – Supplies procured/provided under this project, remained at the end of the response and were issued to teams deployed in response to TC Yasa and Ana in late 2020 and early 2021.

People Indirectly Reached:

UNICEF was able to reach double the number of people as initially planned (from 11,000 to 20,669) as people benefitted from the LTD (leptospirosis, typhoid, dengue) awareness campaign and hygiene promotion activities. The IOM project benefitted not only the direct recipients of assistance but also the wider community in the villages (estimated at some 4,105 people) as knowledge acquired by the assisted was shared widely with the rest of the community (Build-Back-Safer training). As concerns WFP's project, Department of Social Welfare (DSW) recipients across the four schemes indirectly impacted their households. Based on an average household size of 5, indirect beneficiaries can be counted as 43,582. WHO did not have indirect beneficiaries.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Emergency Shelter and NFI - Shelter and Non-Food Items	712	732	432	444	2,320	776	798	476	489	2,539
Food Security - Food Assistance	5,441	5,441	0	0	10,882	5,441	5,441	0	0	10,882
Health – Health	7,701	9,090	1,645	2,063	20,499	3,287	2,303	3,900	2,465	17,100
Water Sanitation Hygiene - Water, Sanitation and Hygiene	3,417	3,349	2,139	2,095	11,000	2813	3554	2572	3082	12,021

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	0	0
Host communities	2,320	2,539
Other affected people	20,449	20,699
Total	22,819	23,208

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Planned		Reached	
	Planned	Reached	Planned	Reached
Women	8,413	6,436	1,244	891
Men	9,822	5,841	1,466	811
Girls	2,077	5,763	265	795
Boys	2,507	5,168	332	714
Total	22,819	23,208	3,307	3,211

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 20-RR-IOM-018

1. Project Information			
Agency:	IOM	Country:	Fiji
Sector/cluster:	Emergency Shelter and NFI - Shelter and Non-Food Items	CERF project code:	20-RR-IOM-018
Project title:	Provide humanitarian assistance to meet the immediate and lifesaving shelter needs of the most vulnerable people affected by Tropical Cyclone Harold in Fiji.		
Start date:	12/06/2020	End date:	11/12/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency’s sector response to current emergency:	USD 500,000
	Total funding received for agency’s sector response to current emergency:	0
	Amount received from CERF:	USD 100,000
	Total CERF funds sub-granted to implementing partners:	USD 80,000
	Government Partners	0
	International NGOs	0
	National NGOs	USD 80,000
Red Cross/Crescent Organisation	0	

2. Project Results Summary/Overall Performance

Through this CERF grant, IOM and its implementing partner Live & Learn (national NGO) delivered life-saving shelter assistance to 529 households whose shelters were totally or partially damaged by Tropical Cyclone (TC) Harold. Specifically, IOM and Live and Learn provided shelter kits to 262 households and *Build Back Safer* (BBS) training to 529 households.

The Shelter Kit were composed of construction items that were procured from local suppliers and the contents were informed by CARE Shelter global guidance as outlined in Table 1 “Shelter kits contents” below.

To increase knowledge on the correct utilisation of the shelter kit items and improve the rebuilding efforts, BBS training was delivered in all the target communities. As earlier noted, the training was attended by 529 households, including the shelter kit beneficiaries. A pre- and post-questionnaire completed by most training participants revealed that their confidence level on their capacity to build a safer house increased by 52%.

Prior to the delivery of shelter kits and BBS training, IOM provided training in *Mainstreaming Protection and Gender in Distribution* to 14 staff members and volunteers from Live & Learn. The aim of the training is to ensure the safety and protection of vulnerable groups, particularly women, girls, and sexual and gender minorities.

Table 1 “Shelter kits contents”

#	ITEM	DESCRIPTION	QUANTITY
1	Claw Hammer	FIBER GLASS HANDLE 0.5LB - WORKSITE BRAND	1
2	Handsaw	550mm F	1
3	Strapping	1.0 x 25mm x 27M #SB30 EX	1 Roll
4	4-inch nails	100mm x 126 KG 4.53 570.78 4.50mm [4"] (JOLT HEAD GALVANISED)	2 kilograms
5	3-inch nails	75mm x 126 KG 4.53 570.78 3.75mm [3"] (JOLT HEAD GALVANISED)	2 kilograms
6	2-inch nails	50mm x 126 KG 4.24 534.24 2.80mm [2"] (JOLT HEAD GALVANISED)	2 kilograms
7	Roofing nails	65 x 126 KG 7.85 989.10 3.75mm (GALVANISED PLAIN)	2 kilograms
8	Rubber washers	Neoprene [100PCS/PKT]	2 packs
9	Digging Spade	3.2mm THICKNESS [F2-14MD]	1

Throughout the project cycle, IOM worked closely with National Disaster Management Office (NDMO), Ministry of Rural and Maritime Development and Disaster Management , and the Republic of Fiji National Shelter Cluster (chaired by the Ministry of Housing and co-chaired by Habitat for Humanity) in designing, planning and coordinating the response. In addition, IOM and Live & Learn liaised closely with the Roko Tui Nadroga/Navosa, Tailevu and Kadavu Province, Ministry of Itaukei Affairs, and Provincial Administrator (Nadroga/Navosa, Tailevu and Kadavu) in engaging with communities to ensure traditional protocols were observed.

In total, the project assisted a total of 2,539 direct beneficiaries between September and December 2020 in 16 villages and three provinces (Tailevu, Nadroga/Navosa and Kadavu). This provision of life saving assistance was essential and as the targeted population was still in urgent need of shelter support as they were living in very crowded conditions either in evacuation centres, makeshift accommodations or with families and friends.

3. Changes and Amendments

The project originally aimed to reach people affected by TC Harold in 10 villages in two Tailevu and Nadroga/Navosa province with the provision of shelter kits and BBS training. Live & Learn received very competitive bids via their procurement process, and then negotiated further with the vendor, hence achieving substantial savings against the original budget for delivery of shelter assistance to ten villages. This meant that there was still some funding remaining. Live & Learn also identified additional households damaged by TC Harold that were not reached by government assistance in Kadavu province, Fiji, through their operations under another project. In agreement with OCHA Pacific, the project was extended to also provide Shelter kits and BBS training for an additional six villages in Tailevu, Nadroga/Navosa and Kadavu.

Overall, the project provided 2,539 people (109% of the target 2,320) with shelter assistance, delivering shelter kits to 262 households (170% of the target 126 households) and delivering the BBS training to 529 households (114% of the target). The overachievement of targets resulted from utilising cost savings to expand the project to other TC Harold affected villages in Kadavu in agreement with OCHA Pacific. The additional shelter need was identified by a later visit to another TC Harold affected area by Live & Learn.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Emergency Shelter and NFI - Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	712	732	432	444	2,320	776	798	476	489	2,539
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	712	732	432	444	2,320	776	798	476	489	2,539
People with disabilities (PwD) out of the total										
	43	44	26	27	140	116	120	71	73	380

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The project indirectly benefited the broader population of all the selected villages, particularly in respect to positive spillover effects of *Build Back Safer training (BBS)* as the knowledge acquired by the participants will be likely shared with and benefit all community members. In Fiji, most of the building and rebuilding of households at village level is done with the support of the whole community, particularly after a disaster.

It is estimated that around 4,105 people indirectly benefited from the project activities. This figure is an estimation of the population of the selected villages minus the total direct beneficiaries.

6. CERF Results Framework

Project objective	Provide humanitarian assistance to meet the immediate and life-saving shelter needs of the most vulnerable people affected by TC Harold in Fiji.			
Output 1	Households have access to life-saving shelter materials			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of households reached with shelter assistance (disaggregated)	464	529	Distribution lists, training attendance lists
Indicator 1.2	% Households that identify shelter as top 3 priority need	90%	76%	Survey conducted among Shelter Kit recipients
Indicator 1.3	% of households who received technical assistance feeling that they can install / have installed shelter materials with improved techniques	80%	88%	Pre/Post questionnaire among BBS training participants
Explanation of output and indicators variance:		Indicator 1.2 is outside of the project's control as competing needs are dynamic. For reference, WASH was number one, at 94%, followed by Shelter. Overall, the project overachieved its targets. The overachievement of targets resulted from securing high value for money in procurement, and utilising unspent funds in additional villages in Kadavu. These villages had not been originally included in the proposal, but their additional shelter need was identified by a later visit to another TC Harold affected area by Live & Learn.		
Activities	Description	Implemented by		
Activity 1.1	Identify populations in need by collating assessment information and in agreement with clusters and authorities	Live & Learn		
Activity 1.2	Procure and distribute life-saving shelter kits to families with houses damaged and destroyed	Live & Learn		
Activity 1.3	Equip households with training to repair primary shelter	Live & Learn		
Output 2	Protection and GBV is mainstreamed in shelter assistance			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				

Sector/cluster	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of persons trained on Protection and GBV Mainstreaming in shelter assistance (disaggregated by sex)	6 (3M/3F)	14 (6F/8M)	Training attendance list
Indicator 2.2	# CFM feedback mechanisms established	1	1	CFM tools, photos, trip report
Indicator 2.3	# Consultative meetings separately held with women and girls	2	3	FGD notes, trip report
Explanation of output and indicators variance:		IOM was able to obtain a larger training space than expected, and therefore was able to include the majority of staff and volunteers by Live & Learn Fiji.		
Activities	Description	Implemented by		
Activity 2.1	Protection and GBV in shelter provision training provided	IOM		
Activity 2.2	Feedback mechanism set up and functioning for shelter assistance	IOM		
Activity 2.3	Consultative meetings separately held with women and girls	Live & Learn		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

During the initial assessment to identify the project beneficiaries, crisis-affected people were consulted to determine the contents of the shelter kit.

To ensure equal access to identified project beneficiaries from vulnerable groups, including the elderly and people living with a disability, Live & Learn delivered shelter kits directly to homes of those who could not go to or carry the kit back home from distribution points. Feedback from the BBS training was collected through pre/post questionnaires, which were completed by the majority of training participants. After analysing the feedback, IOM and Live & Learn modified the content and delivery style of the training. This included making the training longer, more detailed and presenting the construction model closer to the participants. The feedback also led to printing posters and providing them to the villages for future referral.

b. AAP Feedback and Complaint Mechanisms:

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

A Feedback and Complaint Mechanism (FCM) was developed by IOM and implemented at each of the shelter kit distribution and Build Back Safer training sites. The FCM consisted of a set of procedures and tools established to collect comments or complaints from project beneficiaries and non-beneficiaries. The tools included forms and a box to collect them anonymously, as well as identifying a team member to receive feedback and/or complaints personally. Community members were informed about the FCM by the *tura ni koro* (community leader).

No complaints were registered, and the majority of the feedback provided being positive - with suggestions been incorporated into project implementation e.g. to change the hours of training to ensure greater participation by community members. Had any complaints been registered, the FCM included a mechanism to trigger action and provide a response to the complaint provider.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

To prevent Sexual Exploitation and Abuse, IOM required Live & Learn to adhere to IOM's Policy and Procedures for Preventing and Responding to Sexual Exploitation and Abuse as a requirement for the project partnership. These policy and procedures bind staff members and partners to standards of behaviour at all times and especially when working with beneficiaries of assistance, including during emergency response. IOM received no reports of sexual exploitation and abuse were reported during the project period. In addition, IOM provided mainstreaming protection and gender in shelter assistance, in which covered PSEA, to Live and Learn staff and volunteers.

Every staff and volunteer involved in the distribution process and training delivery signed a Code of Conduct.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Prior to the delivery of shelter kits and Build Back Safer training, IOM provided training in *Mainstreaming Protection and Gender in Distribution* to 14 staff members and volunteers from Live & Learn. The aim of the training was to ensure the safety and protection of vulnerable groups, particularly women, girls and sexual and gender minorities. As earlier noted, every staff member and volunteer involved in the distribution process and training delivery signed a Code of Conduct.

e. People with disabilities (PwD):

Project beneficiaries living with a disability and elderly beneficiaries were identified during the assessment phase and were asked if they could attend the distribution site to receive the shelter kit or required further assistance. Those who requested assistance had the shelter kit delivered at their preferred location.

The most accessible place in each of the participating villages was selected, which predominantly was the community halls. The implementing partner Live & Learn has experience in delivering Gender, Disability, and Inclusion training and thus draws upon this in its operations with IOM.

The explanation for the difference in numbers between PwD directly assisted planned and reached (140 vs. 380) is as follows: for the planning exercise, IOM relied on numbers from the 2017 Census; for the reached, it assessed the actual number of PwDs having been assisted.

f. Protection:

To ensure inclusion of humanitarian protection principles in this relief effort, IOM has also trained 14 Live and Learn Fiji staff and volunteers on mainstreaming protection and gender-based violence risks to ensure the response is provided in a way that avoids any unintended negative effects, is delivered according to needs, prioritizes safety and dignity while making sure that response is participatory and that it is accountable to the people assisted.

In contributing to the enhanced protection of and accountability to the beneficiaries, IOM also ensured that Complaint Feedback Mechanisms (CFMs) were established, promoted and managed in each target location. Therefore, providing a channel for affected

populations to communicate with IOM and to ensure that IOM can respond or adapt the project for any issues and suggestions arising, thereby ensuring accountability to affected populations.

IOM also, through the use of focus group discussions, ensured that selection process of distribution and training sites took into consideration their location and safety, to ensure the wellbeing of all project beneficiaries, particularly women and girls. IOM also coordinated with Fiji NDMA, division commissioners, local authorities, the Regional Protection and Shelter Clusters alongside the National Protection and Shelter clusters in order to ensure protection needs of people with pre-existing vulnerabilities were met.

g. Education:

To increase knowledge around Covid-19, IOM prepared and disseminated culturally appropriate risk communication brochures in English, *iTaukei* and Hindi.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Cash and Voucher Assistance modalities are being provided by WFP as part of this response. IOM actively engaged with all UN partners to ensure complementary programming.

9. Visibility of CERF-funded Activities

Title	Weblink
UN CERF Supports IOM Response to Tropical Cyclone Harold Devastation in Fiji	https://australia.iom.int/regional-news/un-cerf-supports-iom-response-tropical-cyclone-harold-devastation-fiji
UN CERF Supports IOM Response to Tropical Cyclone Harold Devastation in Fiji	https://www.facebook.com/IOMinthePacific/posts/un-cerf-supports-iom-response-to-tropical-cyclone-harold-devastation-in-fijihttp/1481779525353082/
UN CERF Supports IOM Response to Tropical Cyclone Harold Devastation in Fiji	https://medium.com/@UNmigration/un-cerf-supports-iom-response-to-tropical-cyclone-harold-devastation-in-fiji-593e415eb6cd

3.2 Project Report 20-RR-CEF-038

1. Project Information

Agency:	UNICEF	Country:	Fiji
Sector/cluster:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	CERF project code:	20-RR-CEF-038
Project title:	WASH Response to Tropical Cyclone Harold in Fiji		
Start date:	09/06/2020	End date:	08/12/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:	USD 1,324,620	
	Total funding received for agency's sector response to current emergency:	USD 175,000	
	Amount received from CERF:	USD 200,077	
	Total CERF funds sub-granted to implementing partners:	USD 97,825	
	Government Partners	0	
	International NGOs	0	
	National NGOs	USD 97,825	
Red Cross/Crescent Organisation	0		

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF with its partners provided access to safe and adequate water supply to 12,021 people and access to sanitary latrines to 8,583 people. Deliberate efforts were also done to provide WASH services to 65 persons with disability. Water systems were improved and rehabilitated in 4 communities and 41 water tanks were installed in 17 health facilities and staff quarters. Sanitation facilities were repaired, and group handwashing stations were installed in 2 schools. Four communities were also organized and trained on drinking water and safety and security planning (DWSSP). Some 135 families were provided with training, technical and material support in the construction and maintenance of emergency latrines.

The project reached 20,669 people with WASH services that are consistent with the SPHERE standards and those that are set by the Fiji Ministry of Health and Medical Services (MHMS) in the outer group of islands of Kadavu, Lau, Vatulele and Serua/Namosi from June to December 2020. The Early Warning Alert Surveillance (EWRS) of the MHMS report a drop in the cases of watery diarrhoea in Kadavu from 35 cases in March 2020 to only 13 cases by February 2021 indicating the continued impact and reduction of reported water-borne and water-related diseases in these hard-to-reach and least developed communities in Fiji.

3. Changes and Amendments

Some adjustments were made during the implementation, due to the increase in the transportation and logistics expenses, but it was less than 15 percent cumulative shift between budget categories and thus did not necessitate a request for re-deployment of funds. The higher transportation and logistics costs were brought about by the focus on the most affected and most inaccessible islands of the Eastern and Western Divisions of Fiji.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	3,417	3,349	2,139	2,095	11,000	5,660	5,043	5,287	4,679	20,669
Total	3,417	3,349	2,139	2,095	11,000	5,660	5,043	5,287	4,679	20,669
People with disabilities (PwD) out of the total										
	468	459	293	287	1,507	775	691	724	641	2,831

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

About 22,000 people from the affected areas indirectly benefitted from the LTD (leptospirosis, typhoid, dengue) awareness campaign and hygiene promotion activities launched by the MOHMS using various methods and platforms, e.g. distribution of IEC materials, through the mass media using TV and radio. Hygiene promotion in communities through dialogues were also done by NGOS like PCDF.

6. CERF Results Framework

Project objective To reduce the risk of water-borne and water-related diseases in targeted communities

Output 1 Target communities affected by TC Harold have daily access to adequate and safe water, sanitation and hygiene, meeting Sphere and WHO standards

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people benefitting from rehabilitated water supply systems (disaggregated by age group and sex)	3,349 men, 3,417 women; 2,095 boys, 2,139 girls	2,813 men, 3,554 women, 3,082 boys, 2,572 girls	WASH cluster 4Ws; Field Trip Reports/ Assessment & Monitoring Reports of UNICEF, MHMS and WASH cluster partners Third Party Monitoring Report
Indicator 1.2	Number of people benefitting from latrines constructed with community support (disaggregated by age group and sex)	3,349 men, 3,417 women; 2,095 boys, 2,139 girls	2,202 men, 2,069 women, 2,205 boys, 2,107 girls	WASH cluster 4Ws; Field Trip Reports/ Assessment & Monitoring Reports of UNICEF, MHMS and WASH cluster partners; Third Party Monitoring Report
Indicator 1.3	Number of persons with disability benefitting from emergency water, sanitation and hygiene services	1,500 persons	65 people (37 men, 28 women) received specific WASH services; overall 2,831 PwD benefited from this CERF grant.	WASH cluster 4Ws; Field Trip Reports/ Assessment & Monitoring Reports of UNICEF, MHMS and WASH cluster partners; Third Party Monitoring Report
Explanation of output and indicators variance:		The targets were initially based on estimated number of affected populations in the mainland. UNICEF, together with the MOHMS and WASH cluster partners, however, agreed to use the CERF to prioritise the hardest hit, least served and most remote outer islands which have smaller populations that are geographically dispersed.		
Activities	Description	Implemented by		

Activity 1.1	Restoration of 100 water supply systems in communities, health facilities and schools	MHMS Partners in Community Development Fiji (PCDF)
Activity 1.2	Distribution of 800 water tanks, 1,500 water containers, 1,100 WASH kits, 1,500 pieces of soap and 400 bottles of hand sanitizers	MHMS-Fiji Ministry of Education and Heritage Arts (MEHA) National Disaster and Management Office (NDMO)
Activity 1.3	Installation and repair of 148 sanitation systems	MHMS Field Ready MEHA
Activity 1.4	Training and organising of community water committees on drinking water safety and security planning	PCDF
Activity 1.5	Hygiene promotion activities	MHMS Fiji One TV Habitat for Humanity Fiji (HfHF) PCDF

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁵:

The rapid assessment conducted by the MHMS and the MEHA, which served as the reference in the design of the project, involved consultations with the *turaga ni koro* (village leader), head teachers and community health workers. The project also deployed two local NGOs with community networks, namely, PCDF and HfHF in the implementation of activities in the communities. The NGOs conducted community consultations prior to the implementation of the activities and mobilized community members in the planning and construction of WASH systems in their areas. Members of these communities also participated in focus group discussions to determine other gaps in the WASH services. Another NGO, the Pacific Islands Association of NGOs (PIANGO) conducted third party monitoring that solicited feedback from community leaders as well as parents and children on the emergency assistance that were delivered.

b. AAP Feedback and Complaint Mechanisms:

Implementing partners used mobile platforms such as SMS, Viber and WhatsApp in receiving information from the communities, including feedback and complaints. These were done through their own community contacts and networks. UNICEF also employed third party monitoring through PIANGO which involved interviews with government workers, leaders and members of the communities including children.

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Responsible staff of UNICEF partners have undergone orientation on PSEA and were informed of UNICEF's zero tolerance policy. There are also provisions in the Project Cooperation Agreements with NGOs that require them to report and address issues related to PSEA. In Fiji, GBV Safenet referral pathways and Child Protection referral pathways are existing for cases. UNICEF, as part of its regular child protection programme, has been supporting these mechanisms to address child protection and SEA-related issues.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Aside from designing WASH facilities that are gender sensitive, e.g. segregated toilets with inside locks, safe location, etc., deliberate efforts were made to get the views of women during the assessment and monitoring and involving them in all aspects of the implementation of the project activities. The DSSP approach that highlights the critical role of women in the process is seen as a model for other communities.

e. People with disabilities (PwD):

UNICEF and WASH cluster partners consulted the Pacific Disability Forum (PDF) in designing facilities that are disability-appropriate. Emergency latrines were thus designed with extra space and paved pathways. The location of toilets and water points also had to be adjusted for easier access.

f. Protection:

The safety and protection of girls and women and the accessibility of PwDs in the use of the WASH facilities were among the foremost concerns of UNICEF and the WASH cluster partners. These were considered early on at the assessment and planning stage and continued with the participation of women and PwDs in the implementation phase. These were reflected in the actual designs and construction of the facilities.

g. Education:

The project involved sharing knowledge like the skills training of community members on DSSP, which includes the operations and proper maintenance of WASH facilities and promoting positive behaviour changes like proper handwashing with soap as part of the awareness raising against spread of diseases. Two schools were also supported in terms of WASH facilities improvement and hygiene education.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The outer islands have very small markets with limited commodities. The few vendors are also located in peri-urban areas that are far from the communities. CVA therefore was not advisable.

9. Visibility of CERF-funded Activities

Title	Weblink
UN in the Pacific FB photo	Facebook
UN in the Pacific FB photo	Facebook
UN in the Pacific FB photo	Facebook

3.3 Project Report 20-RR-WFP-032

1. Project Information			
Agency:	WFP	Country:	Fiji
Sector/cluster:	Food Security - Food Assistance	CERF project code:	20-RR-WFP-032
Project title:	Cash Based Transfer support to Social Welfare Beneficiaries affected by Tropical Cyclone (TC) Harold		
Start date:	10/06/2020	End date:	09/12/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	USD 3,500,000
	Total funding received for agency's sector response to current emergency:	USD 200,000
	Amount received from CERF:	USD 599,843
	Total CERF funds sub-granted to implementing partners:	USD 562,106
	Government Partners	USD 562,106
	International NGOs	0
	National NGOs	0
Red Cross/Crescent Organisation	0	

2. Project Results Summary/Overall Performance

Through this CERF grant, WFP together with the Ministry of Women, Children and Poverty Alleviation (MWCPA), provided 100FJD top-ups to 10,882 Department of Social Welfare (DSW) beneficiaries through the existing cash transfer system and modalities for disbursement across the areas most affected by Tropical Cyclone (TC) Harold. The recipients were identified from the following national social protection schemes: 1) Poverty Benefit Scheme (PBS), 2) Care and Protection Allowance (CPA), 3) Disability Allowance (DA) and 4) Social Pension Scheme (SPS). The cash-based transfer provided to each Department of Social Welfare (DSW) beneficiary supplemented the existing monthly support provided by the Government. The transfer was made in November 2020 and joint Poverty Monitoring Unit (PMU)-Post Distribution Monitoring (PDM) exercised initiated soon after.

The project directly assisted 10,882 DSW beneficiaries and supported their food security and other essential household needs, as verified by the joint PMU-WFP PDM report. 98 per cent of those surveyed for the PDM exercise reported satisfaction with the timeliness and quantity of the transfer. The PDM exercise further provided the ability to compare CERF recipient's household food security and livelihood situation to that of the overall population. Through this comparison it is clear that CERF recipients are acutely more vulnerable and require targeted measures to support their ability to withstand shocks and meet their household's food and nutrition security needs.

3. Changes and Amendments

The requested changes to budget redeployment reflect the necessary movement between budget lines to increase direct benefits to beneficiaries (over 90%) as well as reflect the shift from WFP to direct Government implementation of communications, post distribution monitoring and lessons learned workshop activities. This shift in implementation came at the request of the Government and is reflected in our Memorandum of Agreement (MOA) with the Ministry of Women, Children and Poverty Alleviation. The approach is in line with capacity strengthening support for Government systems recognizing that their internal systems and staff are the most appropriate for communicating with their beneficiaries and undertaking a PDM exercise, in addition to data protection considerations with their beneficiary data.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	5,441	5,441	0	0	10,882	5,441	5,441	0	0	10,882
Total	5,441	5,441	0	0	10,882	5,441	5,441	0	0	10,882
People with disabilities (PwD) out of the total										
	486	486	0	0	972	359	358	0	0	717

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

DSW recipients across the four schemes are typically part of households. Based on an average household size of 5 (subtracting the recipient 4 x10,882) indirect beneficiaries can be counted as 43,582.

6. CERF Results Framework

Project objective	Stabilise the food security situation of people affected by TC Harold			
Output 1	Stabilised or improved food consumption over assistance period for targeted households and/or individuals			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of persons received cash transfers to access food and/or other immediate needs	10,882 beneficiaries	10,882 beneficiaries	PDM exercise
Indicator 1.2	# of baseline assessment (1) and PDM (1) exercises	2	mVAM used as baseline PDM exercise	PDM report
Indicator 1.3	Change in Food Consumption Score	FCS stabilised	Supported	PDM results
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Identification and Communication to beneficiaries	Department of Social Welfare		
Activity 1.2	Transfer of unconditional cash assistance to the identified beneficiaries	Department of Social Welfare		
Activity 1.3	Monitoring of activities and technical support to the national social protection schemes	WFP and the Poverty Monitoring Unit		
Activity 1.4	Baseline, Post Distribution Monitoring and lessons learned exercise	WFP, Department of Social Welfare and Poverty Monitoring Unit		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP) ⁷:

CERF cash assistance was implemented through the Government's existing social safety net system. The joint Post Distribution Monitoring (PDM) exercise conducted by WFP and the Poverty Monitoring Unit (PMU) within the Ministry sought beneficiary feedback on their satisfaction with the timeliness and quantity of the transfer with 98 per cent of respondents reporting satisfaction.

b. AAP Feedback and Complaint Mechanisms:

CERF cash assistance was implemented through the Government's existing social safety net system and reliant on their existing complaints and feedback mechanisms. This includes multiple phone numbers, district level DSW officers, DSW offices, online feedback form, social media platforms and the Permanent Secretary's contact details published online (email and phone number). The joint Post Distribution Monitoring exercise conducted by WFP and the Poverty Monitoring Unit within the Ministry sought beneficiary feedback on their satisfaction with the timeliness and quantity of the transfer with 98 per cent of respondents reporting satisfaction.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

CERF cash assistance was implemented through the Government's existing social safety net system and reliant on their existing complaints and feedback mechanisms, including those related to PSEA. The World Bank is currently providing technical assistance to the Ministry to review and strengthen CFM and PSEA mechanisms.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

One of the four social safety net schemes that received a top-up – the Care and Protection Allowance - supports vulnerable children including those in single headed households who are predominantly women.

e. People with disabilities (PwD):

One of the four social safety net schemes that received a top-up – the Disability Allowance – is provided directly to persons with a disability or their nominated carer. 717 persons with a disability benefited directly from this project. Post Distribution Monitoring (PDM) report findings are disaggregated.

f. Protection:

Beneficiary selection was based on pre-determined vulnerability – meeting the criteria for inclusion in one of the four social safety net schemes (Poverty Benefit Scheme, Disability Allowance, Care and Protection Allowance and Social Pension Scheme). Across these four schemes multiple vulnerability factors are addressed including socio-economic, vulnerable children, single-headed households (majority of which are women), persons with a disability and older persons.

g. Education:

N/A

⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is the sole intervention in the CERF project	Yes, CVA is the sole intervention in the CERF project	10,882

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Multi-purpose unconditional unrestricted cash and voucher assistance disbursed through existing government social protection systems. Government staff from this system were trained and supported to undertake the post distribution monitoring exercise.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
1.2 Transfer of unconditional cash assistance to the identified beneficiaries	10,882	USD 47 / person	Food Security - Food Assistance	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Strengthening social protection programs – Support recovery of families hardest hit by TC Harold	https://www.fijitimes.com/strengthening-social-protection-programs-support-recovery-of-families-hardest-hit-by-tc-harold/?fbclid=IwAR3qoUUYzYyELRBCfG-FORO2m20Y7ecRc37ZFX-eAlfG99MzmWXCxsgpDu8
Joint Press Release WFP- Ministry of Women, Children and Social Welfare	Picked up in above article

3.4 Project Report 20-RR-WHO-026

1. Project Information			
Agency:	WHO	Country:	Fiji
Sector/cluster:	Health – Health	CERF project code:	20-RR-WHO-026
Project title:	Public health response to Tropical Cyclone Harold in Fiji		
Start date:	04/05/2020	End date:	03/11/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		USD 880,000
	Total funding received for agency's sector response to current emergency:		0
	Amount received from CERF:		USD 102,828
	Total CERF funds sub-granted to implementing partners:		USD 21,659
	Government Partners		USD 21,659
	International NGOs		0
	National NGOs		0
Red Cross/Crescent Organisation		0	

2. Project Results Summary/Overall Performance

Through this CERF grant, WHO and its implementing partner the Fijian Ministry of Health & Medical Services (MOHMS):

- ensured access to essential health services, medicines and supplies for 17,100 people in 107 communities through the delivery of one full Interagency Emergency Health Kit (IEHK), 10 IEHK basic kits and 1 IEHK supplementary kit. IEHKs were opened at the central level and medicines and medical supplies were distributed to health facilities in affected areas through the Fiji Pharmaceutical & Biomedical Services Centre (FPBS).
- deployed the Fiji Emergency Medical Assistance Team (FEMAT), Fiji's national emergency medical team, using Fiji's national medical ship (MV Veiveuti) for 12 days (from 10 to 22 May 2020).
- deployed FEMAT to islands that were severely affected by TC Harold, including Lakeba, Vanuabalavu, Moala and Kadavu. The deployment included a wide range of clinical and public health expertise, including public health nurses, surgeons, primary care and emergency physicians, a dentist and psychosocial counsellors. 1,715 patients were seen in direct clinical consultations
- ensured rapid detection, assessment and response to post-disaster disease outbreaks for a population of 17,100, people in 107 communities through vector control actions - with mosquito breeding sites addressed and enhanced vector and infectious disease surveillance.

The project was targeting the Eastern Division, Kadavu and Southern Lau groups of Fiji, and was implemented from 04/05/2020 to 03/11/2020. The dispatch of critical supplies, deployment of FEMAT and critical infectious disease and vector control actions were achieved despite the COVID-19 pandemic and both international and domestic travel restrictions.

3. Changes and Amendments

The main challenges in implementation were related to domestic travel restrictions that were in place in Fiji due to the COVID-19 situation. There were delays in mobilising a follow up FEMAT deployment to the Eastern Division mainly due to COVID-19 lockdowns in Fiji at the time. The capacity of the medical ship MV Veivuti also limits the size of the team and cargo. The FEMAT team encountered rough seas and strong gale winds while travelling on boats between islands and some of the villages that had no road access. This meant that two villages in Vanuabalavu could not be visited. Some supplies procured/provided under this project remained at the end of the response and were issued to the teams deployed in response to Tropical Cyclones Yasa and Ana in late 2020 and early 2021.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health – Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	7,701	9,090	1,645	2,063	20,499	4,808	4,124	4,758	3,410	17,100
Total	7,701	9,090	1,645	2,063	20,499	4,808	4,124	4,758	3,410	17,100
People with disabilities (PwD) out of the total										
	1,191	1,403	254	319	3,167	740	635	733	525	2,633

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

N/A

6. CERF Results Framework

Project objective Ensure access to essential life-saving health services and rapidly detect, assess and respond to post-disaster disease outbreaks

Output 1 Ensure access to essential health services, medicines and supplies

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health – Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Population reached by mobile Emergency Medical Team maritime outreach services	20,499	17,100	COVID-19 & TC HAROLD Deployment 2020 report - MOHMS
Indicator 1.2	Population with restored access to primary health services, medicines and supplies	20,499	17,100	COVID-19 & TC HAROLD Deployment 2020 report - MOHMS

Explanation of output and indicators variance: Travel Restrictions due to COVID-19

Activities	Description	Implemented by
Activity 1.1	Logistical support to Fiji Emergency Medical Assistance Team (FEMAT) mobile outreach services	MOHMS
Activity 1.2	Provision of emergency medical supplies to health facilities (procurement of IEHK) – 10 Basic Kits, Full Kit, and Supplementary (medical) Kit	WHO/DPS & MOHMS

Output 2 Rapidly detect, assess and respond to post-disaster disease outbreaks

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health – Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Preventive integrated vector management activities, including insecticide resistance testing and monitoring, implemented	20,499	17,100	COVID-19 & TC Harold Deployment 2020 report – MOHMS
Indicator 2.2	Vector control equipment and supplies procured	20,499	17,100	COVID-19 & TC Harold Deployment 2020 report - MOHMS

Indicator 2.3	Percentage of health care centres participating in event-based and syndromic surveillance systems restored and reporting via Fiji's Early Warning and Response System (EWARS)	100%	100%	COVID-19 & TC HAROLD Deployment 2020 report - MOHMS
Indicator 2.4	Percentage of potable water tested and treated for safety and water quality	100%	0%	COVID-19 & TC HAROLD Deployment 2020 report - MOHMS
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Implementation of integrated vector management, including RCCE for prevention including community clean up campaigns, insecticide resistance testing, entomological surveillance, and vector management activities	MOHMS		
Activity 2.2	Procurement of insecticide resistance, vector control equipment and supplies	WHO/DPS		
Activity 2.3	Put in place active surveillance systems and regular reporting	MOHMS		
Activity 2.4	Procure water testing supplies, and test and treat potable water according to safety and quality standards	N/A		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁸ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁹:

1. Planning was based on health needs assessments conducted by the MOHMS, with assessment teams deployed for two weeks immediately post-cyclone. These assessments included consultation with communities, community health providers and partners in affected areas to inform critical response actions.

⁸ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

2. Planned clinical care and public health services were provided in accordance with SPHERE and humanitarian standards. Delivery of outreach services was through deployment of the medical ship MV Veivueti, working with local health care workers to target priority areas/populations. Communities were informed in advance of the ship's arrival in coordination with community leaders, women's groups and other community-based organisation to ensure access by all. Attention was given to the most medically and socially vulnerable groups, including persons with disabilities. Targeted risk communication and community engagement were critical components of the health interventions for the prevention and mitigation of epidemic-prone diseases.

b. AAP Feedback and Complaint Mechanisms:

The Fiji MOHMS has systems in place at all health centres and hospitals to register complaints, as well as an online system and hotlines. This multi-layered system ensures that all Fijians have access to complaint and feedback mechanisms, regardless of physical access or phone/internet access limitations.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Fijian's Government has strict policies regarding Sexual Exploitation and Abuse and the project followed the Fijian's Government Civil Servant code of conduct, leveraging existing national systems already in place and rigorously enforced.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Health statistics from health service delivery are disaggregated by age group and sex. Although GBV was not a specific focus by this project, GBV and women/girl-friendly health services are ensured in the delivery of clinical, psycho-social and public health interventions through Fiji's national health system, as well as through FEMAT's deployments. Through its verification as an internationally-classified emergency medical team, FEMAT provided evidence of safe and dignified health services for women and girls, including assurance of privacy in service delivery.

e. People with disabilities (PwD):

The project integrated persons with disabilities as part of a larger vulnerability-based assessment, and through the design of clinical outreach activities. FEMAT's mobile deployments ensure that persons with disabilities are specifically reached during community-level clinical outreach, and the design of FEMAT's field hospital capability meets global minimum standards to ensure access and dignity for persons with disabilities.

f. Protection:

Fiji's Government has established protection mainstreaming policy based on international standards (Global Protection Cluster) which incorporates the four key elements of: avoiding causing harm and prioritizing safety and dignity; ensuring meaningful access; practicing accountability and promoting participation and empowerment. FEMAT teams deployed for emergencies are trained in protection principles and practices as part of their core team member training package and are accountable for maintaining those standards in deployments to affected communities.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A

9. Visibility of CERF-funded Activities

Title	Weblink
FBC news "Funds allocated to Fiji from CERF"	https://www.fbcnews.com.fj/news/funds-allocated-to-fiji-from-cerf/

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	CERF Sector	Agency	Implementing Partner	Total CERF Funds Transferred in US\$
20-RR-IOM-018	Shelter & NFI	IOM	NNGO	\$80,000
20-RR-CEF-038	Water, Sanitation and Hygiene	UNICEF	NNGO	\$46,702
20-RR-CEF-038	Water, Sanitation and Hygiene	UNICEF	NNGO	\$15,142
20-RR-CEF-038	Water, Sanitation and Hygiene	UNICEF	NNGO	\$35,981
20-RR-WFP-032	Food Assistance	WFP	GOV	\$562,106
20-RR-WHO-026	Health	WHO	GOV	\$21,659