

Emergency Plan of Action (EPoA) Fiji: Tropical Cyclone Winston

Revised Emergency Appeal n°2 MDRFJ001	Glide n° TC-2016-000014-FJI
Date of issue: 15 December 2016	Date of disaster: 20 February 2016
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Operation start date: 22 February 2016	Expected timeframe: 15 months (31 May 2017)
Overall operation budget: CHF 4,421,455	Current appeal coverage: CHF 4,299,536
Number of people affected: 350,000	Number of people to be assisted: 40,000
Host National Society presence: The Fiji Red Cross Society mobilized 33 staff members as well as 250 active and on-call volunteers in 10 branches during Relief phase	
Red Cross Red Crescent Movement partners actively involved in the operation: The National Society is working with the International Federation of Red Cross and Red Crescent Societies (IFRC) as well as the Australian Red Cross, New Zealand Red Cross, French Red Cross, Tonga Red Cross and the International Committee of Red Cross (ICRC). Contributions to the Emergency Appeal can be accessed here .	
Other partner organizations actively involved in the operation: The National Disaster Management Office leads the government response, under the National Disaster Committee, convened by the Prime Minister of Fiji. The Pacific Humanitarian Team was convened under UNOCHA, providing a coordinated approach for UN and NGOs and the National Cluster System has been activated with the respective government line ministries. The Fiji Meteorological Service has been monitoring TC Winston and providing warnings and media releases to the general public.	

This revised Emergency Plan of Action (EPOA) takes into consideration the funding coverage, analysis of current assessments, and priority geographical areas of intervention focused on the hardest hit areas and most vulnerable communities. The appeal budget is revised downward from CHF 7,093,143 to CHF 4,421,455. The revised appeal supports the overall FRCS plan of action to:

- reach 5,500 households (reduced from 7,700 households) with relief non-food items and water, sanitation and hygiene promotion;
- support 1,200 households (reduced from 2,000 households) with shelter repair in the form of build back safer (BBS) assistance;
- build 35 demonstration houses (reduced from 50 houses¹) for 35 communities and build back safer training facilities for community carpenters that include water and sanitation systems;
- support 4,000 households (increased from 750 households) with safe water through distribution of water purification tablets (Aquatabs) during relief phase;
- reach 1,500 households (including 1,200 of those who received BBS shelter assistance) with safe sanitation promotion messages;
- provide 10 communities (increased from 5 communities) with communal water systems through the spring protection project that reduce the risks of water borne diseases;
- support 134 households with latrines repair or construction and 10 communities with communal latrines construction (reduced from 2,000 households);
- support 8,000 households (reduced from 10,000 households) with integrated software interventions (including PSS, health promotion sessions, and clean up campaigns in the target communities) and provision of mosquito nets;
- support 39 people to be reconnected with their families through the established RFL system.

¹ As per [Operation update 2](#)

Interventions under livelihood recovery are not included as a separate component, given the current limited appeal coverage and operational timeframe. Limited livelihoods sector support will be around cash for work for carpenters providing BBS assistance. In addition, livelihoods approach is being integrated into the FRCS resilience approach that guides on-going and future long-term integrated programming to enhance community resilience.

Disaster risk reduction (DRR) is an integral element of the TC Winston integrated Shelter, Health and WASH recovery operation and these investments in DRR will protect lives, health, environment and development gains, therefore, the community preparedness and risk reduction is not included as a separate component in the plan of action under this emergency appeal also given the current limited appeal coverage and operational timeframe. In addition, the above mentioned community resilience approach will guide the implementation of longer-term programs in TC Winston affected communities looking at ways to strengthen resilience to respond to future disasters, and is being developed with the support of Australian Red Cross and IFRC CCST Suva.

A. Situation analysis

Description of the disaster

Between 20 and 21 February, Category 5 Severe Tropical Cyclone (TC) Winston swept through the Fiji Islands with wind gusts of up to 325 km/hr. The cyclone is estimated to be one of the most severe ever to hit the South Pacific and left a trail of destruction in its wake.

The Fiji government reported just over 350,000 people (about 40 per cent of the nation's population) were affected, across all four divisions of Fiji. A total of 44 people were confirmed dead. Up to 32,200 houses have been damaged or destroyed. Water supply, power, health and educational services and infrastructure were significantly damaged including 229 schools, health centres and other public buildings. Farming and fishing communities have been significantly impacted. At its peak over 50,000 people were in over 1,000 evacuation centres.

On 7 April, TC Zena struck Fiji, causing significant flooding in the Western Division already affected by TC Winston, compounding the impact on houses, crops and livelihoods of communities. As a result of TC Zena, three people were confirmed dead, and essential services were damaged due to flooding. At its peak more than 12,000 people took shelter in 244 evacuation centres mostly in the Western division.

Due to the extent of the disaster, a State of Emergency was extended into a second month, until 19 April in the areas most severely affected. The authorities primarily focused on the provision of three months food supplement targeting the most affected communities and restoration of critical infrastructures including the resumption of schools. In the emergency phase, FRCS has been the main humanitarian actor and has provided the fastest response with emergency shelter and essential non-food items covering a large part of the overall needs.

FRCS, along with IFRC and partners met together on 13 and 14 April in Suva to agree on a harmonized recovery plan. The overall FRCS plan aims to target up to 65,000 people (13,000 households) in communities most affected by TC Winston. This Emergency Appeal is part of the FRCS overall relief and recovery plan. With the revision, this appeal will target 40,000 people (8,000 households).

Summary of the current response

Overview of the Host National Society

Before the cyclone struck, FRCS activated their contingency and disaster management plans. Emergency Response Team (ERT) members, equipment and vehicles were deployed and disaster preparedness stocks dispatched. An Emergency Operations Centre was set up in the headquarters to streamline communication with all 15 branches and division service coordinators (DSCs).

FRCS immediately released its own emergency funds in order to support preparedness and response. On 23 February 2016, FRCS launched a national appeal to support the ongoing response and recovery effort across Fiji. As of 30 November 2016, this Appeal has raised in excess of FJD 1.85 million (USD 0.925m). In addition, the IFRC in support of FRCS has launched this Emergency Appeal, the first launched since 2003. Due to the extensive needs that exist, FRCS has expanded its normal relief activities into a longer-term recovery plan; in accordance with the longer term Strategic Plan.

The operational strategy has evolved since the beginning of operation. The DREF operation initially aimed to target 1,000 families; the Emergency Appeal and its first revision expanded the reach to target 7,700 and 10,000 families, respectively. To date, the FRCS operation has assessed the needs of more than 13,000 households and has reached

over 10,000 households with essential non-food items. During the relief phase, the FRCS was also active in providing emergency health, psychosocial support (PSS) and restoring family links.

Based on analysis of current information and funding available, the geographical areas of intervention targeting 10,000 families made on the initial assessments has been reviewed based on the needs of the most vulnerable, and will focus on reaching 8,000 families under this second Emergency Appeal revision. (see *table below*)

Division	Island	District	Villages	Families	People
Central	Viti Levu	Tailevu	12	443	2215
		Naitasiri	12	443	2215
		Suva	12	444	2220
Western	Viti Levu	Tavua	18	684	3420
		Ba	24	874	4370
		Ra	30	1102	5510
Northern	Vanua Levu	Savusavu	30	1102	5510
		Bua	12	476	2380
		Taveuni	24	874	4370
Eastern	Lomaiviti	Koro	12	456	2280
Eastern		Levuka	24	874	4370
Eastern	Lau	Vanuabalavu	6	228	1140
		Total # to reach	216	8,000	40,000

Relief efforts were hampered by communication and access challenges considering that the affected area was geographically dispersed. FRCS extended the relief phase to three months, which was completed by the end of May.

Overview of Red Cross Red Crescent Movement in country

IFRC has a country cluster support team (CCST) for the Pacific based in Suva, able to provide immediate support to the Fiji Red Cross. For first weeks of TC Winston operation, the IFRC Pacific CCST initially embedded two of its staff with FRCS to support with international offers of assistance and to support the National Society's Director General. In disaster situations such as the TC Winston, the CCST disaster management team supports FRCS to set up information management systems while other staff support in their respective technical capacities. The IFRC has mobilized and deployed surge capacity for logistics, finance and operations management during the first weeks of the operation

IFRC launched a DREF operation on 23 February, and subsequently an appeal on 29 February for CHF 7 million (USD 7 million, Euro 6.4 million) for the FRCS to provide support to 38,500 people. The appeal was previously revised on 28 April to CHF 7.1 million for the FRCS to provide support to 50,000 people.

From across the Pacific region there has been support from other Pacific National Societies including Cook Islands Red Cross, Samoa Red Cross, Solomon Islands Red Cross and Tonga Red Cross. The Solomon Islands Red Cross deployed a regional disaster response team (RDRT) trained staff member, to assist the operation with logistics. The Australian Red Cross, New Zealand Red Cross and French Red Cross have provided support to FRCS with technical specialists as well as in-country delegates to support the operation. The Australian Red Cross has an organizational development delegate imbedded within FRCS, who also provides continuous support to the operations team.

Following the period of initial response, further RDRT and surge members have been deployed, including those specializing in water, sanitation and hygiene (WASH), procurement and planning, monitoring, evaluation and reporting (PMER).

In-kind goods have been supplied to FRCS and the NDMO by New Zealand Red Cross, French Red Cross, Tonga Red Cross and Australian Red Cross as well as from the Australian and New Zealand governments. The IFRC is responsible for providing the bulk of the distribution goods not provided in-kind and is assisting FRCS with local procurement throughout the relief and recovery operation.

The International Committee of the Red Cross (ICRC) has a Pacific regional delegation in Suva that has been supporting the FRCS in Restoring Family Links.

Other humanitarian actors in country

Fiji is a regional hub for a number of UN and non-government agencies. The Regional Clusters are mostly based in Suva, including the WASH Cluster, the Health and Nutrition Cluster, Protection Cluster and Logistics Cluster. UNOCHA is also based in Fiji providing coordination and communication, as well as World Health Organization (WHO), United Nations Children's Fund (UNICEF), UN Women and World Food Programme (WFP) among others. NGOs present in country include ADRA, Oxfam, Save the Children, Care, and Habitat for Humanity Fiji, Live and

Learn, as well as a large number of civil society organisations, who are coordinated through Pacific Islands Association of Non-Governmental Organisations (PIANGO). Suva is home to the vast majority of NGOs in the Pacific along with the headquarters of the Council of Regional Organisation in the Pacific (CROP) which includes the Foundation of the People for the South Pacific (FSPI), the Pacific Islands Forum Secretariat (PIFS) and the Secretariat of the Pacific Community (SPC).

Coordinating with the authorities

The National Disaster Management Office (NDMO) coordinated the response efforts and activated the National and Divisional Emergency Operations Centres (EOCs). The FRCS coordinates closely with the NDMO and is a participant in the high level National Disaster Council, which is chaired by the Prime Minister of Fiji. Under the State of Emergency, FRCS has access to logistics resources, including trucks and ships.

FRCS continues to meet regularly with NDMO and government counter parts and provides regular situation reports on activities, including details of assessments, distributions and activities undertaken during relief and recovery phases as well as the challenges and gaps. These reports are shared with government, Pacific Humanitarian Team, UN and other civil society stakeholders.

Inter-agency coordination

The humanitarian community works through the Fiji National Cluster system. All clusters are led by a government office and co-led by a humanitarian agency. FRCS actively participates and contributes to the clusters. The Pacific Humanitarian Team coordinates regular meetings for agencies, providing overall coordination of humanitarian actors in country.

IFRC (and Habitat for Humanity for recovery phase) co-lead of the Fiji Shelter Cluster with the Ministry of Local Government, Urban Development, Housing and Environment (MOLGUDH&E). IFRC is co-lead on disaster preparedness, including pre-positioning of relief items and Habitat for Humanity co-leads the Building Back Safer awareness. As part of the Appeal, IFRC supported a shelter cluster team, including a coordinator, information manager and technical advisor, that was down-scaled starting from July to the coordinator finalising his deployment to Fiji mid-September.

Needs analysis, beneficiary selection, risk assessment and scenario planning

Need Analysis

Relief phase: A review of secondary data and analysis of the immediate needs assessments confirmed food, shelter, health, water and sanitation were the priority needs. The government covered all food distributions which allowed FRCS to focus on essential non-food items. Based on this, the immediate needs for response were emergency shelter, essential non-food items, psychosocial support, water and vector borne diseases prevention, hygiene promotion and restoring family links.

Shelter: Extremely strong winds and storm surge caused widespread damage with initial reports indicating varying levels of destruction, with up to 100 per cent in some smaller islands. Shelter cluster figures indicate that about 11,500 houses have been totally destroyed and 19,700 damaged. At its peak some 55,000 people were evacuated.

Emergency shelter items such as tarpaulins, tents and toolkits were distributed during the relief phase. Shelter Tool Kit trainings were conducted within affected areas. This was followed by the distribution of shelter tool kits and tarpaulins according to branch assessment figures and included volunteers demonstrating the use of the toolkits to community members.

Strengthening the FRCS capacity for data management and implementation of technological solutions is a fundamental part of the response to date. Initial and secondary RAMP assessments were conducted across the areas of intervention at household level. This provided sample information. Further data was used for triangulation, such as damage assessment from NDMO, which measured the number of partially and fully destroyed houses affected by TC Winston. In addition, population data at village level was used to measure the percentage damage per village and settlement. The areas targeted were those with larger populations and heavy damage in the more remote affected locations. The damage to the villages was further examined using aerial imagery post-Winston, further verified by field visits. Maps of all areas in Fiji are supplied by the Lands and Survey department located in Suva. These maps can provide detail, such as place-names, small dirt-roads etc. at a scale that mapping software has yet to reach. Coordination with other actors is maintained to avoid overlap and to ensure effective coverage of affected areas.

The impact of the Tropical Cyclone Winston has exposed the short-comings and the need to introduce improvements in rural housing, in the reconstruction of buildings and in the development of next generation homes. In the short and medium term and with the scale of reconstruction underway and expected, it is essential that technical support and advice is accessible and available on the ground in the villages for households and skilled tradespersons. This

investment at field level to reach 8,000 households to increase the awareness and understanding of Build Back Safer principles and techniques are pivotal to achieve sustained improvements in post-disaster reconstruction.

The revised plan takes into consideration the funding coverage and priority geographical areas of intervention based on impact and vulnerability. The demonstration houses will be prioritised proportionately in the reduction, over Build Back Safer assistance kits. The number of demonstration houses will be reduced from 50² to 35 units. While the number of BBS assistance kits will be reduced from 2,000 to 1,200 sets. The justification for the variance in the percentage reduction is that the demonstration houses are an awareness raising facilities and are the product of training in carpentry, masonry and plumbing for 12 community trainees per house, and not least a home for the most vulnerable household in the village. It is considered that the knowledge and skills gained by the community trainees and participating community would add more value than an equivalent number of BBS assistance kits. The demonstration houses also extend impact into the community outside of those directly benefitting from the program.

Health: The cyclones and subsequent flooding has left communities vulnerable to water and vector borne diseases. People living in tents and poorly constructed temporary shelters are vulnerable to communicable diseases. Following serious disasters such as TC Winston, disruption to water and sanitation infrastructure, poor hygiene and overcrowding commonly lead to increased disease transmission and outbreaks. High risks include typhoid, leptospirosis, dengue and diarrhoeal diseases. The background level of non-communicable diseases (NCDs) in Fiji is particularly high.

Health priorities include disease surveillance and outbreak control, timely preventive interventions, and increasing awareness and promotion of healthy behaviours through public health information, education and communication campaigns. The Ministry of Health Early Warning Alert and Response System (EWARS) has been activated at 34 sites across the affected areas. It is monitoring nine syndromes (with an additional syndrome for Zika-like illness added mid-April) and undertaking event-based surveillance capturing information about events that are a potential risk to public health.

A significant gap had been identified in the provision of psychosocial support to affected women, men, boys and girls, with the sector reaching at 31 March 8.6 per cent (2,600 adults, 1,267 women and 1,338 men) of targeted 30,000 adults and 2.5 per cent (1,530 children) of the targeted 60,000 children. Actors have been building psychosocial support (PSS) capacity by training front line workers in psychological first aid (PFA) in order to meet these needs.

The rate of violence against women and girls in Fiji is one the highest in the Pacific. According to the Protection Cluster the impact of TC Winston further exacerbated pre-disaster inequalities, vulnerabilities and protection risks based on gender, age, physical ability, ethnicity, sexual orientation and other factors. The prevailing protection needs and risks will be further compounded as communities struggle to meet basic needs including food, shelter, water, sanitation and hygiene.

WASH: The WASH programme covers a wide number of target recipients in tandem with the Shelter and Health interventions. WASH is an integral part of 35 demonstration houses across 35 affected communities, including a toilet/shower with a septic tank. These demonstration houses will also feature a rainwater harvesting system using first flush system to remove debris from rain-water. The construction of communal sanitation units will serve communities with improved access to safe and hygienic sanitation aided by trained community-based carpenters and volunteers. Up to 100 households will receive assistance in building household sanitation facility with proper super-structure, septic tank and percolation area. These households are included in 8,000 households, who will receive integrated hygiene and health promotion messaging.

Household sanitation and safe water provision activities have already progressed for 34 households in 2 communities in Nabuotolu and Nokonoko in Ra province. For households that lack the space for individual household sanitation units, shared facilities are currently being constructed to serve five households per unit. Installation of 100HH sanitation will be based on the analysis and the prioritization of needs. Through Community Engagement process, agreement is reached through proper consultation with local authorities, the community and the direct users.

Following FRCS RAMP survey and additional sources of information, the remote island of Koro, located in the East division of Fiji was identified as top priority, especially for sanitation interventions with damage of 100% reported in many villages on the island. Damage to existing household and community toilets has compelled communities to resort to poorer sanitation practices and as such, increased the risk of communicable disease. WASH and Health sectors continue to work together in dissemination of messages around good health and hygiene practices in the affected communities to reduce the risk of water-borne, water-related and vector-borne disease.

² As per [Operation update 2](#)

According to the Branches, the result of the assessments highlight the need in various areas for water quality improvement due to reported cases of water borne diseases such as diarrhoea and typhoid. FRCS distributed bottled drinking water (donated by Fiji Water) in the immediate relief response. Damage to water sources occurred during and after the cyclone due to debris and other technical faulty water source structure. The need to restore and improve existing water sources had now been identified and discussed in WASH cluster forum, by Ministry of Health (MoH) and UNICEF as co-leads for Implementing Partner Agencies (IPA).

Repairs of individual household sanitation units were only considered suitable in the relief stage. These repairs presented an example of best practice in an emergency situation. The cyclone and the potential for adverse effects of unhygienic conditions caused by lacking and damaged sanitation infrastructure, led FRCS to advise people, through Health and Hygiene promotion, to consider and invest when possible in more sustainable sanitation options, in the selected rural areas of Fiji.

Livelihoods: TC Winston directly followed a period of drought due to El Nino that was already impacting negatively on farmers in the affected area. In the most-affected areas, up to 100 percent of crops were damaged or destroyed. Seeds, planting materials and farming equipment were identified as key needs during assessments. Fijian women – a majority of whom rely on agriculture as their sole source of income – are particularly vulnerable to food insecurity. Interventions under livelihood recovery are not included as a separate component, given the current limited appeal coverage and operational timeframe. Limited livelihoods sector support will be around cash for work for carpenters providing BBS assistance. In addition, livelihoods approach is being integrated into the FRCS resilience approach that guides on-going and future long-term integrated programming to enhance community resilience.

Community preparedness and disaster risk reduction: Fijians are vulnerable to various natural hazards, including cyclones, storm surges and floods. The predicted impacts of climate change are a significant development challenge for Fiji. Over the coming years Fiji will be confronted with both sea level rise and an increase in the frequency and intensity of natural hazards including flooding, cyclones and droughts. These changes are likely to have growing impacts on health, food security, supply of fresh water, shelter and ecosystem services. Vulnerable and low income families are likely to be the hardest hit by these impacts as they are more likely to live in low-lying areas close to the sea or near major rivers. They are also generally more dependent on local natural resources for food and shelter.

Disaster risk reduction (DRR) is an integral element of the TC Winston integrated Shelter, Health and WASH recovery operation and these investments in DRR will protect lives, health, environment and development gains, therefore, the community preparedness and risk reduction component is not included as a separate component in the plan of action under this emergency appeal also given the current limited appeal coverage and operational timeframe. In addition, the above mentioned community resilience approach will guide the implementation of longer-term programs in TC Winston affected communities looking at ways to strengthen resilience to respond to future disasters, and is being developed with the support of Australian Red Cross and IFRC CCST Suva. The analysis and learning from this recovery operation will be translated and fed into wider learning processes on the sectoral contributions to DRR through a lessons learnt exercise and/or final evaluation.

The community resilience approach will guide the implementation of longer-term programmes in TC Winston affected areas looking at ways to strengthen resilience to respond to future disasters, and is being developed with the support of Australian Red Cross and IFRC CCST Suva.

Risk Assessment

Adhering to its Fundamental Principles and to the principle of 'do no harm' are central to how the Red Cross Red Crescent Movement approaches its interventions. Some of these can be planned for and mitigation actions adopted, while others are still evolving. The most prominent part of the 'do no harm' approach is that people are already highly resilient to the impact of the disaster, and as such the level of material support for the recovery should be carefully considered. Recovery support should not undermine communities' ability for future disaster or create dependency on aid during disaster. It should also not exacerbate existing gender inequalities or other inequalities that exist in society. There will be an emphasis on quality programming and institutional capacity development of National Society' branches on outer islands.

In terms of assessments as of July 2016, some 17,720 households in 1,158 villages were assessed to gauge existing needs and to understand if any assistance was or would be received from other organizations. These were carried out in Naitasiri, Tailevu and Rewa in the Central Division; Ba, Lautoka, Nadi, Ra and in the Western Division; Bua, Savusavu and Taveuni in the Northern Division; and, Ovalau, Batiki and Nairai, Vanua Balavu and Cikobia in the Eastern Division comprising the Lomaiviti and Lau groups of islands.

Fiji, like most Pacific countries, was already suffering from the impact of the strong El Niño event, which had caused drought and water shortages. The two cyclone events have heightened these existing vulnerabilities.

The months between November and April are peak season for cyclones in the Pacific. According to the latest seasonal rainfall outlook (Nov 16-Jan 17) wetter than normal conditions are expected in Fiji. Also, likelihood of a La Niña event developing is around 50%. Even if La Niña does not necessarily develop, 'La Niña-like' rainfall patterns are expected over the coming three months. In terms of tropical cyclones, Fiji is expected to get 2-3 during the 2016/17 cyclone season, which is a normal level of risk to Fiji.

The risk of new floods or another disaster impacting the same areas affected by TC Winston, and/or different areas, remains and has the potential to distract resources and implementation from this response. Bad weather conditions have the potential to hamper access and logistics for the delivery of materials, especially in remote locations. To prepare for these risks, FRCS disaster preparedness and logistics plans included pre-cyclone briefings, pre-positioning of new stocks and improved warehousing, among other measures. IFRC CCST in Suva has disseminated to FRCS (and other Pacific NS) climate and tropical cyclone outlooks for 2016/17 season, will continue to monitor the weather systems, alert and encourage the NS to take preparedness measures based on their respective scenarios. In addition, IFRC CCST in Suva has updated information and its readiness plan, including a list of trained DM personal in the region as well as ARC and NZRC delegates on stand by for the season and capacity to assist NS with Information Management and EPoA development if needed.

Beneficiary selection

In this response, FRCS will ensure that the operation aligns with its own as well as IFRC's commitment to take into account gender and diversity. FRCS will lead communities through a beneficiary selection process taking into account existing community and traditional structures as an entry point, noting that I-Taukei and Indo-Fijian communities have differing structures.

The main criteria for validation will prioritize most vulnerable households directly affected by TC Winston and who have not received any or sufficient assistance from the government or other organizations. Other considerations will be people who lack relevant resources to cope with basic humanitarian needs on their own; those belonging to the socially vulnerable households, including women-headed households and those with many dependent children; persons with disabilities; the sick and elderly.

On 9 April the government launched their FJD 70 million (USD 33 million) 'Help for Homes' Initiative. This initiative is designed to benefit affected Fijians who do not have the means to finance repairs on their own and have a household annual income less than FJD 50,000 (approximately USD 24,000) a year. These households received a pre-paid electronic card, provided by Vodafone free of charge with a set amount on it and a pin number to purchase building materials from selected hardware outlets. The amount on the card depends on the amount of damage to people's homes. Families with a partially damaged roof will receive FJD 1,500, families with a seriously damaged roof or partially damaged house will receive FJD 3,000, and those families with completely destroyed houses will receive FJD 7,000.

The materials they will receive will not be enough to build a cyclone resistant house, it will help them to have an enclosed structure. As a result, the shelter repair assistance component of this operation is has been re-designed to complement the Help for Homes programme.

Koro Island was directly hit by Tropical Cyclone Winston. UN OCHA reports the loss of more than 1,000 houses, leaving 3,000 of its estimated 4,500 residents without shelter. Winston also killed nine people in Koro alone. Apart from the areas affected by the cyclone, more attention needs to be given to Koro island. A weekly ferry transports construction materials when the households can afford to book space on the boat, as the cost of transport is not included in Help for Homes areas in the outer islands.

B. Operational strategy and plan

This operational plan contributes to the broader FRCS overall recovery plan. FRCS will also undertake interventions using resources it has mobilized locally and/or from non-Movement and Movement Partners bilaterally.

This plan of action has been developed by IFRC in consultation with FRCS and partners with in-country presence. There are five key aspects in the strategy for this operation:

- **A Movement-wide approach:** FRCS is responsible for the overall coordination and implementation of the recovery programme, supported by all components of the Movement.
- **Integrated programming and resilience-building:** Recovery interventions will be integrated across the sectors, thereby addressing multiple needs of communities and contributing to their resilience. Integrated programming and resilience building will continue in the TC Winston affected areas beyond the Emergency Appeal Operation.

- **Sectoral contributions to DRR in collaboration with public authorities³:** Building back safer assistance, including shelter, water and sanitation systems, and community health and hygiene reach.
- **Factoring lessons from previous operations:** FRCS and IFRC will capitalize on experience from previous large scale disasters namely TC Pam in 2015 and TC Evan in 2012.
- Aligning the operation with the **Fiji Red Cross Strategic Plan**, which includes national society development.

Overall objective

The overall objective is to ensure that people affected by this disaster receive appropriate assistance in a timely, effective and efficient manner, and are supported to recover with increased resilience to disasters.

This revised operation aims to support the FRCS in responding to the recovery needs of communities affected by TC Winston with a focus on recovery shelter, safe water and sanitation assistance, health and hygiene promotion (including PSS). The relief objective have been met with the completion of needs assessment, emergency relief distribution to 5,550 with non-food items and 4,000 households with emergency shelter assistance, and RFL.

Proposed strategy

Based on the current needs analysis as explained in previous section (above), the **Relief to Recovery** operation consists of closely integrated sectors aiming to provide:

Intervention	Revised plan of action dated 28 April 2016		Proposed revision	
	Target	Activities	Target	Activities
Immediate household needs and emergency shelter	7,700 households	Relief – integrated essential non-food items and emergency shelter	5,500 households (completed)	Unchanged, except target numbers <ul style="list-style-type: none"> • 5,500 households with NFI • 4,000 households with emergency shelter
Shelter and settlements	2,000 households	Shelter repair and build back safer	1,200 households	Unchanged, except target numbers
	10,000 households	Household build back safer awareness messaging integrated to other interventions	8,000 households	Unchanged, except target numbers
	50 demonstration houses ⁴	Demonstration houses	35 demonstration houses	Unchanged, except target numbers
Health	10,000 households	Health intervention consists of psychosocial support, gender based violence, disease prevention messaging and health promotion activities, including MUAC screening and referral	8,000 households	Unchanged, except target numbers <ul style="list-style-type: none"> • 8,000 households with integrated software interventions • 8,000 households with mosquito nets
Water, sanitation and hygiene promotion	750 households	Household sanitation and water provision	4,000 households	<ul style="list-style-type: none"> • Provision of safe water through mobile water treatment units is removed • Distribution of 40,000 water purification tablets (Aquatabs) during relief phase (10 per household)
			35 demonstration houses in 35 communities (water)	<ul style="list-style-type: none"> • Rainwater harvesting systems (with first flush systems) for the 35 demonstration houses
	2,000 households	Household sanitation and water provision for shelter repair assistance households	134 households (sanitation)	<ul style="list-style-type: none"> • 34 households with partial repair of pour flush latrines • 100 households with

³ NDMO, Ministry of Local Government, Housing, Environment, Infrastructure & Transport, Ministry of Health – through Shelter & WASH Clusters

⁴ As per [Operation update 2](#)

				construction of full single flush toilet with proper septic tanks
			1,500 households ⁵ (sanitation)	<ul style="list-style-type: none"> • Safe sanitation promotion integrated to build back safer shelter and other hardware interventions
	5 communities	Community sanitation and water provision	10 communities (water) 10 communities (sanitation)	<ul style="list-style-type: none"> • Spring protection project in 10 communities • Shared/communal WASH systems in 10 communities
	10,000 households	Household hygiene promotion integrated to health intervention	8,000 households (health)	Household hygiene promotion integrated to health intervention
Livelihoods	1,000 households	Cash for work to support shelter activities	Interventions under livelihood recovery are not included as a separate component. Limited livelihoods sector support will be around cash for work for carpenters providing BBS assistance. In addition, livelihoods approach is being integrated into the FRCS resilience approach that guides on-going and future long-term integrated programming to enhance community resilience.	
	1,000 households	Household income generation activities		
	5 communities	Community managed livelihoods programmes		
Community preparedness and disaster risk reduction	8 communities	Activities aligned with 'Building Resilient Communities in Fiji' (BRCF) programme approach	<p>DRR is an integral element of the TC Winston integrated Shelter, Health and WASH recovery operation and these investments in DRR will protect lives, health, environment and development gains, therefore, the community preparedness and risk reduction is not included as a separate component. In addition, with the support of Australian Red Cross, a community resilience approach for FRCS programs will be updated to meet the longer-term recovery needs – including for livelihoods – in TC Winston affected areas beyond the IFRC emergency appeal recovery operation timeframe, looking at ways to support recovery further and strengthen resilience to respond to future disasters. New community activities aligned with the 'updated' community resilience approach are planned to start with the support of Australian Red Cross in TC Winston affected communities when this recovery operation is phasing out in April 2017.</p>	

Note: Households use a multiplier of 5 for people

Relief

Based on the actual community needs assessed on the ground by FRCS, original targets for relief and duration of the relief phase was lengthened from two to three months. This was due to the larger than expected scale of the need. This Emergency Appeal has covered a target 5,500 households for relief (with at least one category of relief items) of the total FRCS target of 13,000 households.

The relief phase ended in May 2016 with distributions of emergency relief items made to over 11,200 households in affected communities across the Northern, Eastern, Western and Central divisions of Fiji. These included blankets, jerry cans and plastic buckets, solar lanterns, hygiene kits, kitchen sets, baby kits, dignity kits for women and backpacks for families. Emergency items such as tarpaulins, tents and shelter toolkits were also distributed according to needs. Distributions of relief items were also carried out at assessment locations where it was deemed necessary.

Recovery

To promote longer term impacts where appropriate, the operation is aligned with the FRCS and USAID/OFDA project – *Building Resilient Communities in Fiji (BRCF)* – which work in the same areas. The BRCF project which was delayed due to the impact of TC Winston, commenced in June 2016 considering the opportunities for improved programming due to TC Winston. The same will be considered where there is longer-term existing or planned bilateral projects in the same areas of this operation.

Shelter and settlements: *Shelter and settlement support by shelter repair assistance to build back safer using technical support, supervision and materials to prioritize self-recovery.*

⁵ including 1,200 of those who received BBS shelter assistance

As stated, except for Koro Island, the project has now transitioned from the relief to recovery phase.

Data was collected, triangulated and analysed with other sources of information, leading to selection and prioritisation of the most affected areas. The design of the demonstration house has been finalised and certified by an engineer from the Fijian Institute of Engineers and the Ministry of Agriculture, Rural and Maritime Development and National Disaster Management.

The government's Help for Homes programme reached over 24,000 households with vouchers to purchase construction material and a further 5,000 households will be reached in recent months. These households are experiencing a significant delay in receiving their construction materials from suppliers due to the unprecedented nature of such a programme. It is not known, exactly how many affected families are still living in shelters made from salvaged materials, while waiting to receive their supplies to rebuild their houses, despite the best efforts of all involved. These temporary self-built shelters will all be replaced with new houses through the government's initiative using local labour engaged by the household. There is no corresponding increase in construction training by the government to build back safer - these skills and knowledge are still lacking. In addition, the quantity of materials that can be purchased will not be enough to build a cyclone resistant house, but it will help the households to have an enclosed structure.

The revised plan takes into consideration the funding coverage and priority geographical areas of intervention based on impact and vulnerability. The demonstration houses will be prioritised in the reduction over Build Back Safer assistance kits. The number of demonstration houses will be reduced from 50 to 35 units. While the number of BBS assistance kits will be reduced from 2,000 to 1,200 sets. The justification is that the demonstration houses are an awareness raising facility and are the product of training in carpentry, masonry and plumbing for 12 community trainees per house. It is considered that the knowledge and skills gained by the community trainees and participating community would add more value than an equivalent number of BBS assistance kits.

A re-assessment of needs and gaps has led to a revised approach to the shelter repair assistance component of the project. In an effort to complement the Government of Fiji's 'Help for Homes' programme a 'build back safer (BBS) assistance package' has been developed to be delivered together with messaging and IEC material.

IFRC will assist and guide FRCS in the construction of 35 demonstration houses in communities centered around the most-affected areas. These will serve as training models for safer construction techniques along with Build Back Safer (BBS) messaging and All Under One Roof guidelines (disability and age awareness guidelines for shelter). The agreed design of demonstration house now incorporates a septic tank, toilet, kitchen, wet area at the back, and a covered area in front that leads to a ramp for wheelchair access. This increase in budget is minimal, as WASH and shelter interventions are integrated to address household needs as well as ensure funding is spent effectively and efficiently.

Respecting Fijian culture and the principles of Red Cross, community engagement, consultation and participation with training is seen as the vehicle for knowledge and skills transfer. The repair aspect will take the form of Build Back Safer (BBS) Assistance, aligning with disaster risk reduction practices for shelter in cyclone prone areas. BBS assistance will include BBS awareness sessions, hardware strengthening materials (strapping, roofing screws, truss gussets etc) and cash for labour. It is proposed that labour can be provided by the newly trained carpenters and can be undertaken by the house owners.

With regards to integration of shelter activities with WASH, the WASH sector provides selected households with rain water harvesting, latrines and hygiene promotion. In addition there will be livelihoods sector support around cash for work for skilled and unskilled labour. The income earned from the integrated activities will give choice to the targeted groups to meet their immediate needs and to invest in their livelihood recovery. This shelter response will be partly funded by the European Commission's Humanitarian Aid and Civil Protection department (ECHO) through a multi donor contribution to the appeal.

There is unprecedented demand for construction materials since TC Winston when the Government of Fiji activated the Help for Homes programme as well as reconstruction of 150 schools in Fiji. This demand is compounded by demand from the commercial and business sector as they also recover from the damage.

Houses in rural areas of Fiji tend to be built following a fixed layout plan and the BBS kit has been developed to strengthen this. The BBS assistance kit consists of a standard set of materials, which is effective for purchasing as well as suiting the standard rural house design while also effective for achieving coverage in a short period of time.

The operation will support the home-owners through provision of trained carpenters following demonstration house training, to install the BBS assistance kit. This will be monitored in the field by branch volunteers under the supervision of the FRCS shelter engineers and lead carpenters.

For the Build Back Safer Awareness sessions, branch shelter volunteers will be trained and will lead the awareness sessions. 8,000 booklets will be printed for use and distribution in these communities. Following these sessions, the BBS assistance kits are distributed. The kit is low-tech and basic hand tools are provided with each kit. If the house is already constructed, this kit can be fitted afterwards as it is designed to be 'non-invasive' increasing the cyclone resistance of any house.

Together with IEC, BBS sessions and demonstration house trainings, hand tool sets and safety gear will be used by the community and the trainees for the installation of the BBS assistance kit on 1,200 houses. In the same communities, households not receiving shelter repair support will receive build back safer awareness messaging, which will be integrated with health, hygiene and psychosocial messaging. Skills covered by the two-week demonstration house construction include carpentry, masonry, and plumbing for housing and safe sanitation. Open house sessions will be held, whereby the construction will be paused at various stages as the community can visit the on-going project, to observe and participate in discussions around construction and BBS.

Health: *The Health and Hygiene Programme will integrate hygiene promotion, psychosocial support, gender based violence, disease prevention messaging and health promotion activities, including nutrition screening.*

In 2014 FRCS successfully partnered with Ministry of Health on the Fiji Dengue Outbreak Action Plan to provide house to house health awareness and community clean ups in communities prioritized by the Ministry of Health as disease 'hot spots'. FRCS would like to use this approach and build on the lessons learnt from the FRCS Dengue Project in the TC Winston health recovery programme.

Training tools include the Ministry of Health newly developed information, education and communication (IEC) materials on Zika and other diseases. IECs material were developed on psychosocial recovery and an integrated referral pathway for linking people to professional health, psychosocial support, gender based violence (GBV) and child protection services. Standard hygiene promotion messages, as approved by WASH Cluster will be used, as well as FRCS IEC materials related to knowledge, attitude and practice on safe water, sanitation and hygiene as well as for conducting MUAC screening with nutrition key messages and referral to MoH for child malnutrition cases.

The health and hygiene community trainers have carried out training to 200 community based volunteers in Branches, who will then target 8,000 households with house visits to provide health, psychosocial support and hygiene promotion messaging, distribution of mosquito nets to vulnerable households, community clean ups and the reporting of environmental hazards to Health Inspectors. Volunteers will use the Ministry of Health Event Based Surveillance reporting system to report potential public health risks. FRCS staff and volunteers will be provided with personal protective equipment to ensure their safety while carrying out their work in high risk areas.

FRCS has an existing Australian Red Cross funded community based health and first aid (CBHFA) programme in five Branches with staff and teams of community based volunteers (CBV). Two of these Branches have been affected by TC Winston; FRCS staff and 40 community based volunteers are currently involved in TC Winston operations.

This recovery action plan provides an opportunity to consolidate capacity across branches knowledge of PSS, health and hygiene promotion and address community health needs and communicable disease risks at scale.

FRCS has identified PSS as an area in which they wish to develop expertise in order to reinforce community resilience and add value to their response and recovery work. Staff and volunteers have been trained in Psychological First Aid (PFA) in order to carry out response tasks in a way that is sensitive to people's needs and ensures those requiring further support are linked to professional services.

WASH: *Water, sanitation and hygiene promotion interventions focusing on improving access to safe water, access to improved sanitation, and the sustainable reduction in risk of diseases (water-borne, water related and vector-borne) in affected communities.*

There are three components to the WASH intervention. Firstly a broad hygiene promotion component integrated with the health programme. The health and hygiene volunteers will utilize standard hygiene promotion messages, as approved by WASH Cluster. FRCS has already produced locally contextualized IEC materials related to knowledge, attitude and practice on safe water, sanitation and hygiene.

Under the broad hygiene component that will target 8,000 households with promotion activities (supported with IEC, including hygiene games for awareness raising), there will be targeted hardware intervention for construction of household and communal latrines. In addition, communities will be supported with community based WASH system construction.

The strategy for the provision of water involves the protection of springs in rural areas for 10 communities. Rain-water harvesting systems will be installed on the 35 demonstration houses also, to model the technology for all households within the wider targeted catchment area. Quantity and quality of water is considered to prioritise areas and scope of each selected community area. Through Compartment Bag Test (CBT) kit, water quality can be determined quickly, while being cross-checked with a chemical and biological analysis under laboratory conditions. FRCS WASH counterparts and village leaders are trained in the use of this testing kit.

In the Province of Ra, 100 individual household sanitation facilities will be built. The design of the sanitation facility was developed in-house by FRCS WASH team and this design follows MoH standards for sanitation in Fiji and is certified by the Ministry of Local Government, Housing & Environment. At a communal level, an additional 100 households (up to 10 communal units) will gain access to improved sanitation facility which includes two toilets and two showers per unit. 1,200 households will receive safe sanitation messaging – flyers with safe sanitation guidelines including certified drawings with list and quantities of construction materials required for individual household sanitation facility as well as in addition to handwashing messaging.

Livelihoods: *Livelihoods support for households to restart their income earning activities.*

Respecting Fijian culture and the principals of Red Cross, community engagement and consultation is central to the project based around active community participation. Training is seen as the vehicle for knowledge and skills transfer. Across the affected areas, 420 trainee carpenters will be selected from the villages and surrounding areas to construct 35 demonstration houses receiving practical knowledge of the Build Back Safer guidelines. These trainee carpenters will connect the demonstration phase (35 houses) to the BBS assistance phase of (1,200 houses) of the recovery operation while reaching 8,000 households with Build Back Safer messaging. The 1,200 households for BBS assistance will be identified from the villages and surrounding villages, centered around the demonstration house and verified by through community committees.

Skills covered by the two-week demonstration house construction include carpentry, masonry, and plumbing for housing and safe sanitation. Open house sessions will be held, whereby the construction will be paused at various stages as the community can visit the on-going project and participate in discussions around BBS.

Community preparedness and disaster risk reduction: *Community preparedness and disaster risk reduction including preparedness for the risks of flooding and cyclones and accounting for the impacts of climate change.*

It is planned that any community preparedness and risk reduction activity will be aligned to the three-year Building Resilience Communities in Fiji (BRCF) project funded by USAID/OFDA. The project aims to reduce the vulnerability of communities in the Western Division of Fiji. The project will support eight communities to be better prepared for future disasters, through participatory needs assessments and community and school-based disaster risk reduction and response planning. This project was postponed until after the relief phase period for TC Winston. The BRCF project will increase the resilience of communities and also enhance the organizational and programming capacity of the FRCS, focusing in particular on the capacity at the division and branch levels and improve learning and modelling of integrated disaster management programming in Fiji.

With the support of Australian Red Cross, a community resilience approach for FRCS programs will be updated to meet the longer-term recovery needs – including for livelihoods – in TC Winston affected areas beyond the IFRC emergency appeal recovery operation timeframe, looking at ways to support recovery further and strengthen resilience to respond to future disasters. The bi-lateral program will also support long-term strategic priorities for FRCS in building a stronger national society through its branch network.

The TC Winston recovery operation provides important recovery assistance to communities at scale and information on further recovery and resilience strengthening needs of the most vulnerable communities and households that requires longer timeframes than 12 months to take place. The shelter repair aspect will take the form of BBS assistance, aligning with disaster risk reduction practices for houses in cyclone prone areas. This assistance will include awareness sessions, hardware strengthening materials (strapping, roofing screws, truss gussets etc.) and the labour can be provided by the newly trained carpenters or be undertaken by the house owners familiar with the idea.

FRCS institutional preparedness and disaster response capacity development: FRCS institutional preparedness and disaster response capacity development interventions to build capacity of the national headquarters and branches. All capacity development will be in line with FRCS Strategic Plan 2015-19 and their three Strategic Goals: Build Resilient Communities; Build a strong National Society; and Humanitarian Influence.

The response requires FRCS to scale up staffing and other organizational components. Deliberate efforts are put to strengthen the capacity of the National Society's branches involved in the response and recovery operations. Specific capacity development activities developed with FRCS include capacity development around finance, administration, leadership, logistics and procurement.

The organisational structure of FRCS is centralised in Suva, the capital city of Fiji. IFRC and FRCS national head-quarter staff will travel and stay within the branch and communities. Representatives of different departments; finance, administration, logistics and shelter will provide an orientation on the objectives and establish the systems required for implementation of this plan of action in the field. Through the HQ staff, the District Services Coordinator (DSC) will be engaged and will be the FRCS liaison to the Local Government's Provincial Administrator and the District Officer. The DSC will link to FRCS Branch Administrator who will manage the Branch Volunteers. The branch volunteers assigned to finance/administration, logistics and shelter will be trained and will maintain counterpart support with HQ during the orientation, implementation and monitoring.

FRCS has 314 registered active volunteers in 14 of its branches across the four administrative divisions of Fiji. These include Ba, Lutoka, Nadi, Nalawa, Rakiraki, Sigatoka and Tavua in the West; Bua, Lambasa, Savusavu, Seaqaqa and Taveuni in the North; Levuka in the East, and Suva in the Central division.

FRCS branches in the most affected areas have been impacted and damaged by TC Winston and some are in need of repair. This EPoA includes support toward construction and repair of branch offices in 3 affected branches and with purchase of one new warehouse container. The branches selected to receive office renovation/repair support are Taveuni and Levuka, whereas Nalawa requires support for a new office. Ba has an office but requires a container where stock is prepositioned.

Operational support services

Human resources

FRCS mobilized a total of 33 staff and 250 volunteers for the TC Winston response. The relief and recovery phases have been supported by a combination of IFRC CCST staff, RDRTs from Asia Pacific National Societies and surge delegates.

All field work related to the recovery operation will be finalized latest within April 2017. The operation continues to engage a number of National Society staff and volunteers at HQ, Branch and field levels to support the operation and technical sectors of shelter, WASH, health/PSS along with support services and volunteer management. FRCS operations manager continues to lead the implementation of operational, CEA and exit strategies in close collaboration with the IFRC operations team. Database officer and finance officer will be the final positions to exit the operation.

Delegate support for PSS, Community Engagement and PMER were mobilized for shorter term. IFRC Operations Manager and Finance Officer will be the final positions to exit the operation. Other positions will be requested for extension based on the budget and timeframe anticipated for the technical component.

Staff and delegate positions continue to be filled to provide technical support and longer term capacity development to FRCS, with delegate roles covering Operation Manager, Shelter, WASH and Logistics to support the operation and technical sectors. IFRC Finance and Administration officer roles continue to be supported through local positions.

IFRC CCST health, shelter, PMER and finance staff will continue to support the FRCS through and after the TC Winston emergency operation exit phase.

Logistics and supply chain

Logistics activities aim to effectively manage the supply chain, including mobilization, procurement, customs clearance, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures.

In Fiji and in the Pacific generally logistics is a challenge due to the distances between islands and the limited infrastructure and transport options. Delivering relief and implementing recovery programmes to geographically dispersed locations is costly and slow. As a result, the logistics costs for the operation are significantly higher in comparison to many other IFRC supported operations.

All NFI stocks distributed during the relief phase from NS in-country preparedness stocks has been replenished under the appeal and with bilateral support of Australian RC. The procurement of all IFRC standard items has been done internationally by KL RLU whereas locally purchased relief items has been purchased by the in-country logistics team. With the donation from Australian High Commission FRCS will increase the prepositioned stocks with additional 900 household sets totalling the pre-positioned stock up to 3,000 households. For the recovery operation shelter and WASH programs the materials are supplied locally following IFRC's standards and procurement procedures by the NS procurement team supported by IFRC logistics delegate. Further New Zealand RC has supported bilaterally shelter

repair assistance program with in-kind donations to meet the operational needs. For both shelter and WASH programmes, sourcing and material deliveries are ongoing and supporting implementation accordingly.

As FRCS does not have a permanent warehouse facility in Suva, a cooperation has been developed with WFP for a rental of shared warehouse facility in Suva. Until the shared warehouse will be permanently ready to move into, a Mobile Storage Unit (MSU) has been erected to enable receipt of NFIs and as receiving point for building materials for shelter and WASH programs. Some of the containers spread across the country were damaged during the disaster. IFRC country team has provided assessment and technical support on review of the current container situation. NS has already started renovation or replacement of some of the damaged containers.

National Society has pool of light vehicles and two trucks which are used for operational purposes alongside with long term programs. Further IFRC has supported the recovery operation with three VRP vehicles to meet the fleet needs. All vehicles management has been coordinated by NS fleet with the IFRC support.

To strengthen FRCS logistic capacities, IFRC standard logistics training will be provided to staff and volunteers throughout all branches.

Summary of inbound relief and replenished pre-positioned stock as of 30 November 2016

ITEM	Bilateral	IFRC Appeal	TOTAL
SHELTER TOOL KIT, tools and fixings	1,526	3,547	5,073
TARPAULINS, woven plastic, 4 x 6 m, white/white, piece	7,786	7,915	15,701
JERRYCAN, foldable, 10L, food grade plastic, screw cap	5,600	5,400	11,000
HYGIENIC PARCEL for 5 persons/1 month	1,317	0	1,317
KITCHEN SET family of 5 persons, type "A"	554	5,419	5,973
BLANKET, synthetic 1.5x2m, medium thermal	4,960	3,980	8,940
MOSQUITO NET, LLIN, rectangular large 160 x 180 x 150cm	1,100	18,100	19,200
SOLAR LIGHTS Luci	6,048	1,500	7,548
BUCKET, plastic, 14L with clip cover and 50mm outlet	700	0	700
TENT, FAMILY, 16 m2 double fly with ground sheet	0	150	150
TENT, WAREHOUSE, 10x24x3.35m, aluminium frame	0	2	2
MAT (Sleeping mat)	200	0	200
BLACK PACKS	2,100	0	2,100
DIGNITY KITS	1,050	0	1,050

Information Management (IM)

The gathering and management of comprehensive and accurate information has always proven challenging in a disaster situation. Given the magnitude of TC Winston and the subsequent response of the humanitarian community, this disaster is no exception. This attention towards information management (IM) has resulted in establishing greater understanding of the operation among its audiences, both internal and external. In terms of relief, the IM focus has been on

- Data collection, analysis, management and presentation of data
- Stock Management – Logistics

Under this plan of action, information management practices continue to be improved to better support decision-making, increase transparency and enhance coordination by:

- Using an activity and output indicator tracking table
- Incorporating geospatial analysis with recovery programme planning and reporting
- Leveraging technological solutions such as digital survey forms on smartphones and electronic data collection tools such as the RAMP for more efficient and accurate data collection
- Strengthening the FRCS capacity for data management and implementation of technological solutions
- Reviewing and finalizing an Initial Disaster Assessment (IDA) forms (A-household, B-distribution list, C-sectoral community level) post-TC Winston, and having them ready to be put into RAMP and uploaded to the cloud, along development of plans for HQ/branch staff trainings and simulation exercises.
- Moving towards a fully electronic data collection system considering advantages and disadvantages.

These initiatives will improve the quality and detail of reporting on accomplishments, highlight areas of excellence, identify areas for improvement and also provide new tools and information products to make the work planning and

implementation of programmes more effective, efficient and clear for all stakeholders and audiences. It is anticipated this National Society position will be needed from the relief phase into recovery and up to final reporting.

Information technologies (IT)

Swift and reliable management of information is of the utmost importance during emergencies and disasters response operations. Among various aspects of disaster management, communication is one of the most critical requirements, from the significant phase of "preparedness" to impart knowledge and information through mass media and public awareness to the world. The key IT advances during the operation are the following:

- Upgraded HQ internal internet & telephone network
- Proposal for Branch IT development
- Move towards a full electronic data collection system (hybrid)
- Developed IT Policy
- IT Asset Register

Support in elevating staff/volunteer skills in new technologies, including efficient electronic data collection using tablets for electronic reporting is also being implemented, and is aligned with FRCS's strategic objectives.

Communications

Communicating with key audiences is critical for maintaining and growing public, government and donor support, both locally and internationally. IFRC communications efforts are focused on highlighting the humanitarian needs on the ground and securing positive positioning for the response efforts of FRCS and Movement partners.

A proactive media engagement strategy has been pursued with international news organizations and via social media, complemented by the production of communications materials, including regular key messages, facts and figures, infographics and talking points that help to inform, guide and support the communications activities of FRCS.

Visibility of the work of the FRCS will continue to be promoted through the rebuild and re-launch of FRCS website, which is about to be relaunched. The FRCS communications team will continue to highlight TC Winston communications activities and mark key milestones such as the one-year anniversary of the cyclone on 20 February, with the support of the IFRC Communications Delegate.

To date a number of communications activities have been undertaken

Media coverage

- Fiji and NZ Red Cross to rebuild school (video) <https://www.tvnz.co.nz/one-news/world/concerns-many-people-fiji-living-in-tents-ahead-devastating-cyclone-season?auto=523508975300>
- Fiji Red Cross/IFRC first core shelter – radio ABC <http://www.abc.net.au/news/2016-09-02/fijians-with-disabilities-struggle-in-the-wake-of/7807840>
- RNZI/BBC World radio interview with Itu Josaia on Koro Islanders' resilience <http://www.radionz.co.nz/international/pacific-news/311599/fiji-s-koro-islanders-forage-to-survive-post-winston>
- DG Filipe Nainoca on 6 month anniversary of TC Winston ABC Radio Pacific Beat <http://www.abc.net.au/news/2016-08-19/fiji-s-cyclone-winston-recovery-challenges-on-eve/7768144>

The IFRC communications team has continued to keep partners, donors and the general public informed since TC Winston made landfall on 20 February 2016. These materials were made available to all National Societies and also sent to the media in Fiji and other countries. Regular press briefings were held in-country with the Red Cross director-general, who also spoke on behalf of the Red Cross on local television several times. IFRC also provided information on the operation through interviews through Red Cross staff to local and international media.

In support of the PSS programme, the team organized a [puppeteer](#) from New Zealand and created several videos to raise awareness of and fundraise for the [programme](#). A [Social Shorthand page](#) was created and a full page colour newspaper advertisement taken out in the Fiji Times on the 100-day anniversary, summarising the response of Fiji Red Cross Society to the cyclone. Key outputs are below:

- Video – 3min: [Fiji: 100 days on from Cyclone Winston – Red Cross helps survivors overcome psychological trauma](#)
- Video - 4 min: Elmo and Grover help Fiji children forget about Tropical Cyclone Winston <https://www.youtube.com/watch?v=rxr1JBlv1P8&feature=youtu.be>
- Fundraiser video – 30s: [Cyclone Winston – 100 days on](#)
- Social Shorthand page – 100 days since TC Winston <https://social.shorthand.com/IFRCAsiaPacific/n2fCfNStUsf/tropical-cyclone-winston>

- Blog – Resilience on Koro Island 6 months after Winston <http://www.ifrc.org/en/news-and-media/news-stories/asia-pacific/fiji/blog---the-village-thats-stronger-than-winston-72434/>
- First Red Cross house web story <http://www.ifrc.org/en/news-and-media/news-stories/asia-pacific/fiji/six-months-on--a-new-beginning-for-victims-of-tropical-cyclone-winston-72448/>
- Six month web story <http://www.ifrc.org/en/news-and-media/news-stories/asia-pacific/fiji/six-months-on--a-new-beginning-for-victims-of-tropical-cyclone-winston-72430/>
- Press release 6 months <http://www.ifrc.org/en/news-and-media/press-releases/asia-pacific/fiji/six-months-on-from-cyclone-winston---red-cross-continues-to-help-thousands-in-fiji-to-recover/>

Updated communications materials to commemorate the one year since TC Winston made landfall in Fiji are being planned, including a video, web stories, press release, fresh photographs, talking points, B roll video and social media posts.

Security

There are no significant security issues or threats for FRCS and IFRC staff, however the operation will minimize security concerns within communities by adopting a 'do no harm' approach, in line with IFRC Code of Conduct and Child Protection Policy.

Planning, monitoring, evaluation, & reporting (PMER)

During the initial response phase, the CCST DM delegate supported in the production of situation reports and the development of the EPoA. Technical support was also provided remotely by the IFRC PMER delegate for TC Pam, based in Vanuatu. Additionally, a PMER surge was deployed for one month in mid-March to provide support to FRCS. A dedicated PMER delegate was deployed to support the reporting for one month.

Reporting on the operation will be carried out in accordance with the IFRC minimum reporting standards. At least three updates (including a six-month report) will be issued during the operation's timeframe and a final report within three months of the end of the operation. A PMER officer at CCST in Suva will support the final reporting and operation exit phase PMER needs.

In accordance with the IFRC Evaluation Framework, at least one evaluation will be conducted for this operation. To evaluate FRCS emergency response and IFRC coordination, a response review was conducted in May 2016. A final evaluation is planned to take place at the end of the operation. A lessons-learned workshop may be conducted to collectively reflect on the lessons drawn from the operation.

Community Engagement and Accountability

In order to be effective, community engagement and accountability (CEA, previously known as beneficiary communications) strengthens two-way communication and dialogue with communities through all stages of the operation. These CEA mechanisms include face to face methods through social mobilization and community visits. In the Fijian context, the initial communication and engagement with the community is done through the district government administrator, which follow the established protocols. Thereafter, proposed plans are discussed with the community, and an agreement signed between the community and FRCS, which establishes what the community contribution, timelines and exit strategy are. Thereafter FRCS enters the community with the integrated recovery program that is designed around the demonstration house as an entry point which besides hardware aspects incorporates sectoral CEA elements. Community feedback and views gathered through the CEA mechanisms are incorporated into regular monitoring, evaluation and reporting processes by working closely with PMER.

Community Engagement and Accountability was provided through a surge support visit. During this visit a number of field visits were undertaken to develop mechanisms appropriate to the Fijian context. Template agreements were prepared as well as key messages for consistent community approach and a community engagement overview. These agreements and plans ensure that expectations are managed on all sides and clear consistent messaging is delivered and received.

Gender and diversity

It will be important through the recovery phase that gender and diversity considerations are mainstreamed throughout all sectors in line with the Minimum Standard Commitments to Gender and Diversity in Emergency Practice. Sex-age and where possible disability disaggregated data of the target population should be collected as well as gender and diversity analysis being an integral part of all assessments, service provision and monitoring. This should be used for analysis to inform programmes and services. Consultations with the Gender and Diversity Focal point in FRCS, IFRC CCST and APRO will be continued to identify effective ways to ensure men, women, boys, girls and diverse groups are reached. Issues such as prevalence of gender-based violence need to continue to be observed and safety provisions put in place based on the safety standards of the [minimum standard commitments to gender and diversity in emergency programming](#).

Partnerships and Resource Development

FRCS and IFRC have been in close coordination with both Movement partners and external partners, maintaining close contact and sharing regular updates through fact sheets, information bulletins and teleconference calls. Discussions with partners are being led by the partnerships and resource development (PRD) regional unit with support from the CCST team.

There was good coordination with all partners during the critical emergency phase and information shared regularly. This coordination is still on going with continuous dialogue with partners during the recovery phase with a view to ensuring compliance and grant quality assurance. The regional office has been supporting with pledge management and also provided surge support in country. Traditional partners in the Pacific have shared leadership in managing this operation, with the New Zealand Red Cross supporting several positions and the Australian Red Cross handling a majority of the procurement, making contributions to the relief and recovery phase and supporting the Operations Manager's position. The European Commission's Humanitarian Aid for Civil Protection (DG ECHO) and USAID are also supporting this operation with particular focus on shelter. Excellent coordination has been continued with Movement and external partners in support of Fiji Red Cross' lead role in the response.

Administration and Finance

Fiji Red Cross Finance and Administration has been generally regarded as one of best in Pacific and being a role model for other Pacific National Societies. However, during TC Winston response certain deficiencies were identified due to capacity of finance staff during relief phase. The work load increased tremendously which required recruitment of staff to support the operation.

In immediate term, a surge finance development delegate arrived in-country for one month with a specific mandate to support the FRCS and the operation to enhance good financial processes. In addition, the finance and administration team in the IFRC Suva CCST (one finance manager, and three finance officers as well as two administration officers) was providing the necessary support to facilitate the operation.

The surge finance delegate assisted and enhanced a number of financial processes and assisted with the entire budget review process (April'16) under the guidance of Operations Manager. With the recruitment of the required surge in Fiji RC Finance & Administration ceased the additional workload and now the working effectively to achieve the required goal of the operations. During this month one IFRC operations team also recruited an experienced IFRC finance staff with good knowledge of IFRC financial systems understanding.

In the initial phase of operations with limited pledges a draft pledge utilisation plan was derived. Due to this uncertainty bulk of expenditure coding was done to the appeal pot. The entire recoding was put into hold including all other commitments to understand the budget revision and funds availability. With the budget revisions and finalised Pledge utilisation plan all required recoding of expenditure will be taking place in December'16

During the last 9 months of operations a significant expenditure has been carried out by FRC using their own funds which was claimed against IFRC appeal. All documentation is validated about 95% of the acquittals has been accepted and will be booked in IFRC systems in December 2016.

The IFRC TCW operation finance officer resigned in the second half of November and recruitment process to fill in the position started immediately.

C. DETAILED OPERATIONAL PLAN

Health

Needs analysis: The main focus for health will be the Health and Hygiene Programme (for TC Winston) which will integrate hygiene promotion, psychosocial support, gender based violence, disease prevention messaging and health promotion activities. The training will include typhoid, leptospirosis, diarrhoea, dengue, zika virus, typhoid, gastro (and related to hand-washing-boiling drinking water) and other emerging diseases, aligned with MoH clean up and source reduction messaging, including how to recognise and treat potential breeding grounds and reporting of environmental hazards. Inputs are provided to MoH Event Based Surveillance reporting system. FRCS has an extensive network of community based volunteers who can be mobilized to support the response.

Population to be assisted: Up to 40,000 people (8,000 households) in the most cyclone affected areas will be reached through the integrated health and hygiene interventions. Ten health and hygiene community trainers will train and support 200 volunteers across ten branches to deliver the support. Some 8,000 households will also be provided with mosquito nets (approximately 2 per household) as part of the disease prevention strategy. The IEC for messaging have been adapted from Ministry of Health brochures, translated and distributed, and they are available in English, Itaukei, Hindi.

Outcome 1: The immediate risks to the health of affected populations are reduced															
Output 1.1: Psychosocial support provided to the target population															
<i>Indicators:</i>															
a) No. of people trained in psychosocial first aid															
b) No. of people reached by psychosocial support															
c) % of the community-based volunteers who can correctly identify GBV messages															
Activities planned	Month														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1.1.1 Coordinate with Health and Nutrition Cluster and Safety and Protection Cluster to assist in detailed assessment and share information to determine level of psychosocial support (PSS) needs	x	x	x												
1.1.2 Psychological First Aid (PFA) ToT to FRCS counterpart Safety Coordinator	x	x	x												
1.1.3 Training of 80 PFA Champions in PFA to be mobilized across affected Branches	x	x													
1.1.4 FRCS staff and volunteers affected by TC Winston receive PSS	x	x	x	x	x	x									
1.1.5 Prepare, in collaboration with Health and WASH teams, integrated Health and Hygiene community based volunteer training programme, including preparation of IECs and referral pathways (PSS and GBV) with integrated messages on GBV and child protection (CP)		x	x												
1.1.6 ToT and refresher training to Health and Hygiene Community Trainers in collaboration with Health and WASH teams on PSS, GBV and CP			x	x	x										
1.1.7 Health and Hygiene Community Trainers train 200 community based volunteers in affected Branches (target areas prioritised in collaboration with the MoH)					x	x	x	x	x						
1.1.8 House-to-house PSS (including referral using pathways of people requiring mental health or GBV support) and health awareness in affected communities target 8,000 households					x	x	x	x	x	x	x	x	x	x	
1.1.9 Develop FRCS PFA toolkit						x	x								
Output 1.2: Target population is provided with community-based disease prevention, epidemic preparedness and health promotion measures															
<i>Indicators:</i>															

Activities planned	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
a) No. of people reached by community-based health activities																
b) No. of households with pregnant women and children under five provided with mosquito nets																
c) No. of volunteers equipped with personal protective equipment																
1.2.1 Coordinate with Health and Nutrition Cluster and the Public Health Intervention Sub Cluster to share information and determine health needs and priorities including FRCS activities as part of the National Zika Action Plan		x	x	x	x	x	x	x	x	x	x	x	x	x	x	
1.2.2 Prepare, integrated Health and Hygiene community based volunteer training programme, including preparation of IECs			x	x												
1.2.3 Training of Trainer (4 trainers per 4 branches, a total of 16 ToT) and refresher training to Health and Hygiene Community Trainers in collaboration with PSS and WASH teams				x	x	x					x	x				
1.2.4 Health and Hygiene Community Trainers train 200 community based volunteers (20 per branch x 10 branch) in affected Branches (target areas prioritised in collaboration with the MoH)						x	x	x								
1.2.5 House-to-house health awareness, including referral using pathways with further health needs in affected communities targeting 8,000 households						x	x	x	x	x	x	x	x	x	x	
1.2.6 Undertake awareness raising and clean up campaigns in target communities in collaboration with the MoH. Refer environmental hazards to relevant authorities						x	x	x	x	x	x	x	x	x	x	
1.2.7 Distribute 18,100 mosquito nets to target households especially to pregnant women and households with children under 5						x	x	x	x	x	x	x	x	x	x	
1.2.8 Follow up visits to identified households to check on mosquito net usage											x	x	x	x	x	
1.2.9 Provide 200 volunteers with personal protective equipment, including mosquito repellent, hand sanitizer, gloves						x	x	x	x	x	x	x	x	x	x	

Progress

Of the 104 staff and volunteers trained in Suva, Rakiraki, Taveuni, Savusavu, Bua, Seaqaqa, Lutoka, Sigatoka, Nadi, Ba, Nalawa, Tavua and Labasa by April, only 80 people were qualified to as PFA Champions. The PFA Champions are based in the ten affected Branches integrating PSS into assessment and distribution work. As of early April, the PFA Champions have provided PSS to 409 people (165 women/girls and 244 men/boys), including 24 referrals using the PSS referral process.

IFRC supported FRCS in integrating PFA into its recovery plan. Now, in the recovery phase, greater emphasis is placed on providing basic PSS as part of integrated health and hygiene interventions. IFRC has worked closely with the FRCS health team to develop a PSS training toolkit and guided FRCS health officers on its use to train branch volunteers. Tools in this kit help address PSS, GBS and supporting children in psychological recovery. It also provides a template for adaptation by other Pacific National Societies as needed.

Disease prevention and health promotion

FRCS branches continue to play a key role in flagging potential public health risks via the MoH's Event-based Surveillance mechanism.

To address malnutrition issues, FRCS has worked with UNICEF to screen children below five for severe acute malnutrition. As part of the ToT, a session on MUAC (Mid Upper Arm Circumference) and nutrition key messages was included, with a referral process set up for children who are MAM (Moderate Acute Malnutrition) and SAM (Severe Acute Malnutrition). This referral process has been integrated in the community health and hygiene activities and house-to-house visits that are taking place in all target communities of the health and hygiene program.

In cases of malnutrition, FRCS would request feeding kits from UNICEF. Baby kits will be handled by UNICEF and Ministry of Health. The supplementary feeds are provided through MoH/UNICEF. Screening for malnutrition, SAM and MAM is conducted and cases (when they arise) are addressed through distribution, house-to-house messaging and supervision. FRCS volunteers have been trained in MUAC screening by UNICEF.

FRCS volunteer Branch Team Leaders and Branch Administrators underwent a training of trainers in Health and Hygiene community activities (comprising PSS, disease prevention, hygiene promotion, nutrition and GBV referrals). Of these, 7 of 10 FRCS branches in the West, East and Central Divisions completed this training, including 28 team leaders and administrators. A further 14 team leaders and administrators consisting of 8 women and 6 men, of the 3 branches in the North Division finished their training in early July.

During July and early August the Branch Team Leaders, supported by the FRCS health team and IFRC PSS delegate, trained 186 community-based volunteers in Health and Hygiene in 9 of 10 Branches (Nadi Branch, Western Division still to be completed). 1 Branch (Levuka, Eastern Division) has begun a pilot implementation of the Health and Hygiene community activities to 5 communities, all Branches are set to commence activities from early September.

Recruitment for three FRCS PSS/Health officers based in Northern Division, Western Division and National Office (latter looking after Central and Eastern Divisions) was concluded in August 2016. These officers are key in supporting branches to roll-out the project, supervise team leaders and support the referral process. FRCS PSS officer was also recruited.

Since recovery work commenced in May 2016, the following have been accomplished until end of November 2016 through the health, hygiene promotion and PSS, which started with two communities in Savusavu in the Northern division, two communities in Rakiraki in western division and two in Levuka in Eastern Division.

Consolidated community data from Health, Hygiene Promotion and PSS from May to November 2016

Branch	Community reached	Household reached	People reached in the Fun night	People reached house to house visit with PSS & Health messages	Soap bars distributed	Brochures distributed	Mosquito nets distributed to pregnant women and children under 5
Savusavu	11	368	380	1159	50	1526	133
Levuka	15	355	380	1875	305	290	250
Rakiraki	13	418	350	2010	400	400	219
Total	39	1141	1110	6154	755	2216	602

The main objective for the house-to-house health messaging is to provide PSS and promote good hygiene practices through house visitation, education, demonstration and distribution of essential health items including insecticide treated mosquito nets. This work is in line with the Ministry of Health and NDMO request for collaboration in controlling disease outbreaks especially of Typhoid, Dengue, Chikungunya, Zika, Gastroenteritis, Leptospirosis and others.

The health and hygiene program budget is based on a cost of \$F1,200 - \$F1,500 per community (i.e. minimum – maximum cost depending on size of communities) for communities in the Central, Northern, Western and Eastern divisions. Most of the cost are with those communities in rural areas and islands with difficult access and high cost items include allowances for food and lodging as well as transportation costs. Volunteers will spend two days in each community to do this house-to-house health promotion and community clean up while conducting training and discussions in the evenings.

Clean-up campaigns in the communities start in early morning. The 'Fun night/afternoon' comprises of five stations with trained volunteers (two stations on PSS, one for adults and one for children, one for hand washing, one for 'snake and ladder' games, and one health station). Pre-post tests are conducted to gauge the learning of the participants. This also provides information on the total number of people participating. The second day is dedicated to house to house visits, using IFRC toolkit for Zika communicable

diseases and discussion that also cover PSS. MUAC table is used to measure children from 6 months to 5 years of age forms part of the house to house visit. House by house assessment is also conducted for the distribution of mosquito nets and soap.

Water, sanitation and hygiene promotion

Needs analysis: The WASH programme covers a wide number of target recipients in tandem with the Shelter and Health interventions. WASH is an integral part of 35 demonstration houses across 35 affected communities, including a toilet/shower with a septic tank. These demonstration houses will also feature a rainwater harvesting system using first flush system to remove debris from rain-water. The construction of communal sanitation units will serve communities with improved access to safe and hygienic sanitation aided by trained community-based carpenters and volunteers. Up to 100 households will receive assistance in building household sanitation facility with proper super-structure, septic tank and percolation area. These households are included in 8,000 households, who will receive integrated hygiene and health promotion messaging.

Household sanitation and safe water provision activities have already progressed for 34 households in 2 communities in Nabuotolu and Nokonoko in Ra province. For households that lack the space for individual household sanitation units, shared facilities are currently being constructed to serve five households per unit. Installation of 100 household sanitation units will be based on the analysis and the prioritization of needs. Through Community Engagement process, agreement is reached through proper consultation with local authorities, the community and the direct users.

Following FRCS ramp survey and additional sources of information, the remote island of Koro, located in the East division of Fiji was identified as top priority, especially for sanitation interventions with damage of 100% reported in many villages on the island. Damage to existing household and community toilets has compelled communities to resort to poorer sanitation practices and as such, increased the risk of communicable disease.

WASH and Health sectors continue to work together in dissemination of messages around good health and hygiene practices in the affected communities to reduce the risk of water-borne, water-related and vector-borne diseases.

Water

According to the Branch, the result of the assessments highlight the need in various areas for water quality improvement due to reported cases of water borne diseases such as diarrhoea and typhoid. FRCS distributed drinking water in the immediate relief response. Damage to water sources occurred during and after the cyclone due to debris and other technical faulty water source structure. The need to restore and improve existing water sources had now been identified and discussed in WASH cluster forum, by MoH and Unicef as co-leads for Implementing Partner Agencies (IPA).

Sanitation

Repairs of individual household sanitation units were only considered suitable in the relief stage. These repairs presented an example of best practice in an emergency situation. The cyclone and the potential for adverse affects of unhygienic conditions caused by lacking and damaged sanitation infrastructure, led FRCS to advise people, through Health and Hygiene promotion, to consider and invest when possible in more sustainable sanitation options, in the selected rural areas of Fiji,

Population to be assisted: Up to 20 communities will be reached through improved access to safe water, access to improved sanitation, and the sustainable reduction in risk of diseases (water-borne, water related and vector-borne) in affected communities and a further 100 households will be reached through provision of sanitation. Household hygiene promotion linked to health intervention will target up to 8,000 households.

Outcome 2: Risk of waterborne, water-related and vector-borne diseases in targeted communities reduced																
Output 2.1: Access to safe water by target population in affected communities increased																
Activities planned	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
2.1.1 Deploy a WASH RDRT to support WASH related activities.		x	x	x												
2.1.2 In coordination with national WASH cluster, assist in specific assessment to determine level of support needs		x	x	x												
2.1.3 Conduct joint secondary assessments, design approach and procure materials		x	x	x	x	x										
2.1.4 Distribute 4,000 cards of Aquatabs (10 tablets per card) through 10 Branches, received from Ministry of Health and WHO (one card per household)			x	x												
2.1.5 Provide 10 communities, with assistance with access to water. Details to be determined following community consultation – <i>Spring Protection Project</i>							x	x	x	x	x	x	x			
2.1.6 Install 35 household rainwater harvesting systems (with first flush systems) (one for each of the 35 demonstration houses)							x	x	x	x	x	x	x			
2.1.7 Conduct beneficiary satisfaction surveys following provision of relief and recovery WASH services in an integrated manner with other sectors											x	x	x	x	x	
Output 2.2: Access to adequate sanitation facilities by target population in affected communities increased																
<i>Indicators:</i>																
a) <i>No. of households have access to improved sanitation facilities</i>																
b) <i>% of the repaired sanitation facilities that are regularly cleaned and maintained</i>																
Activities planned	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
2.2.1 Conduct joint and coordinated secondary assessments, design approach and procure materials		x	x	x	x	x										
2.2.2 In Rakiraki and other target areas, provide direct assistance to <ul style="list-style-type: none"> 34 households with partial repair of pour flush latrines 100 households with construction of full single flush toilet with proper septic tanks (national certified standards) 10 communities with construction of 10 communal sanitation systems⁶ - optional to install in household area 						x	x			x	x	x	x	x		
2.2.3 Provide adequate sanitation facilities in 35 demonstration houses as assisted by Shelter component.						x	x	x	x	x	x	x	x	x		
2.2.4 Complement additional shelter activities in 35 communities and catchment areas – 1,200 households. The additional assistance will be complemented by WASH activities and strongly supported with ongoing technical support.						x	x	x	x	x	x	x	x	x	x	
2.2.5 Conduct beneficiary satisfaction surveys following provision of relief and recovery WASH services in an integrated manner with other sectors								x			x	x	x	x	x	
Output 2.3: Knowledge, attitude and practice on safe water, sanitation and hygiene by target population increased																
<i>Indicators:</i>																
a) <i>No. of people reached by hygiene promotion activities</i>																
b) <i>% of the target population provided with awareness messages who can correctly identified 3-5 aspects of personal hygiene knowledge</i>																
Activities planned	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

⁶ Communal sanitation will provide safe access to proper sanitation on permanent solution, also supplementing household approach where land versus ownership issues arise.

												2	3	4	5
2.3.1 Train 200 community volunteers in Hygiene Promotion and work alongside Red Cross volunteers and other sectors – same as CBDP volunteers – majority of volunteers are based in the 10 Branches		x	x	x											
2.3.2 Mobilize 200 community volunteers, ensuring gender and diversity balance to form part of the multi sector teams		x	x	x	x	x	x	x	x	x	x	x	x	x	
2.3.3 Reproduction of awareness materials and communication methods/ mode of delivery	x	x	x												
2.3.4 Complement hygiene kits distributions with hygiene promotion messages	x	x	x												
2.3.5 Assist 8,000 households with hygiene promotion messages in coordination with the health team		x	x	x	x	x	x	x	x	x	x	x	x	x	
2.3.6 Assist 6 communities in Rakiraki and 4 communities in other target areas with increased knowledge of source 2o mouth including operation and maintenance of gravity water supply systems				x	x	x	x				x	x	x		
2.3.7 Conduct beneficiary satisfaction surveys following provision of relief WASH services in an integrated manner with other sectors											x	x	x	x	

Progress

Water

FRCS plays an imperative role in community engagement and getting involved in various negotiations in different levels. There has been growing interest for water operations within the NS, in taking water project activities as part of its regular programming in the near future operations. It is worth to note that this is the first recovery work rolled out by the NS and has shown confidence in taking ownership at all level of the NS.

In late September, the IFRC Suva CCST in Suva and APRO in Kuala Lumpur successfully mobilized specialists through peer exchange programme between FRCS and CVTL. To date, 318 households have been reached by safe drinking water through spring protection project in 4 communities/villages and 1 settlement. Rainwater harvesting system is in the pipeline which will be constructed as part of the demonstration houses. First flush system will be included. FRCS, with the support of IFRC, is implementing a spring protection project in Koro island which will assist the affected families in Tuatua village as well as two other villages (yet to be identified based on the priority and needs).

The deployment of mobile water treatment units has been removed as the need was addressed by provision of bottled water supported bilaterally by Fiji Water to FRCS. FRCS however continues to maintain the units to be on standby if further need arises.

Sanitation

Sanitation approach was been modified due to the timing, resources and existing capacities through cluster approach. Upon discussion, FRCS will focus on communal sanitation which targets vulnerable households, taking into consideration land constraints and cultural issues.

Initially the focus was on household latrine repairs however this was changed to communal sanitation and on long term recovery WASH that is more sustainable and acceptable. 100 HH WASH systems will be built in Ra Province with full structure and septic tank. This approach will be assisted by software messaging on safe sanitation guidelines through distribution of flyers showing a 3D drawing of a certified household toilet (floor plan). This will complement the BoQ so that each family will have some sort of prioritizing sanitation within future construction plans.

Currently, 34 partial repairs and construction of 5 communal toilets have been completed (6 households for 1 full unit). Full implementation package has now been scheduled for the next 3 to 4 months with a fully certified national standards through Ministry of Rural Development.

Hygiene Promotion

Health and Hygiene is an integrated program of health and hygiene methodologies. Volunteers from all 10 branches were trained, and they will be engaging in house-to-house visits, targeting a total of 8,000 households. Teams led by FRCS has worked in areas such as Ra (western), Levuka (Central) and Savusavu, up in the Northern Division. At the moment, Health team is gearing up for a full engagement in Koro, aiming to cover 14 villages with 2 settlements.

Shelter and settlements (and household items)

Needs analysis: With over 32,000 houses damaged or destroyed, there is a need for emergency shelter and essential non-food items. Subsequently the most vulnerable families also need support to undertake repairs or to rebuild their damaged homes and use build back safer techniques.

Population to be assisted: Up to 5,500 households (27,500 people) will be assisted with essential non-food items (at least one relief item category) and 4,000 households with emergency shelter items.

Outcome 3: The immediate shelter and settlement needs of the target population are met													
<i>Indicators:</i>													
a) % of all implemented shelter and settlement solutions that are safe and adequate, and will remain so until more durable solutions are achieved													
Output 3.1: Essential household items are provided to the target population													
<i>Indicators:</i>													
a) No. of households provided with essential household items that meet agreed standards for the specific operational context													
Activities planned	Month	1	2	3	4	5	6	7	8	9	10	11	12
3.1.1 Mobilize volunteers and provide gender and diversity balanced volunteer teams with orientation on distribution protocols		X	X	X									
3.1.2 Distribute non-food relief items ⁷ to 5,500 households		X	X	X									
3.1.3 Conduct post-distribution surveys with communities			X	X	X								
Output 3.2: Emergency shelter assistance is provided to the target population													
<i>Indicators:</i>													
a) No. of households provided with emergency shelter assistance that meet agreed standards for the specific operational context													
Activities planned	Month	1	2	3	4	5	6	7	8	9	10	11	12
3.2.1 Train 120 volunteers in use of tarpaulins and shelter tool kit including skills around passing on knowledge		X	X	X									
3.2.2 Select and register households that will receive emergency shelter assistance – tarpaulins and shelter tool kits		X	X	X									
3.2.3 Distribute emergency shelter items (shelter tool kits and tarpaulins) up to 4,000 households		X	X	X									
3.2.4 Provide technical orientation to families on the use of shelter toolkits and tarpaulins		X	X	X	X								
3.2.5 Conduct beneficiary monitoring and post distribution surveys						X	X					X	X

Progress

⁷ Contain blankets, water containers, hygiene kit and kitchen sets as well as emergency shelter items such as tarpaulins and shelter tool kits.

Below table is a summary of the essential non-food items distributed across 15 islands as of 29 August 2016. Standard distribution also included black packs⁸. A total of 119 volunteers (48 women and 71 men) have been trained, along with 99 community members in shelter tool kit training in eight communities. Feedback from the participants indicated that the training was useful and easy to understand. The trained volunteers feel confident that they can pass on knowledge to the community.

DISTRIBUTION LOCATION	BLACK PACK	TARPS	HYGIENE KIT	DIGNITY KIT	KITCHEN SET	BLANKET	SOLAR LIGHTS	JERRY CAN	SHELTER TOOL KITS
RAKIRAKI	158	3134	977	260	1169	941	1586	1414	1247
BA	1239	1585	311	159	648	1337	124	1289	80
TAVUA	482	994	999	44	557	641	378	304	442
LAUTOKA	532	739	658	7	344	963	0	1039	64
NADI	134	119	94	64	85	127	16	138	0
SIGATOKA	399	124	378	172	158	497	0	328	0
LEVUKA	317	317	51	29	171	317	158	89	0
SAVUSAVU	839	708	711	174	365	470	4	548	102
TAVEUNI	99	517	372	89	90	93	0	279	49
NATIONAL OFFICE	519	3175	1165	221	837	3611	1202	1895	825
TOTAL	4718	11412	5716	1219	4424	8997	3468	7323	2809

Recovery phase

Needs analysis: There is a need to support the most vulnerable families who cannot self-recover by providing them with assistance to rebuild or repair using 'build back safer' methods.

Based on community led discussions and analysis of secondary data, it has been noted that families are already rebuilding to the best of their ability with salvaged materials. For the majority of cases, materials, technical advice and assistance in repair and construction have been identified as key components of assisting people's own self recovery. FRCS will support the continuation of this process through a number of activities.

Local suppliers are continuing to deal with unprecedented demand from affected households for construction materials following TC Winston. In addition, there is significant demand for the same construction material from international NGOs as well as the commercial, industrial and residential sectors of Fiji.

The vast majority of construction materials in Fiji are sourced internationally by these local suppliers. As a result, reconstruction in Fiji is slow following TC Winston which affects the rate of implementation of this programme. Affected households supported by the Government of Fiji's Help for Homes programme continue to wait. Other factors to be considered considering the geography and the island nature of the Fiji.

⁸ Contain clothes, towel and hygiene items, mosquito coils, soap and bandages.

The majority of affected households who have received their Help for Homes materials, still await skilled trained carpenters and masons before they can commence construction of their house as we enter the cyclone season.

These include training teams of local builders in 'build back safer' principles who will actively demonstrate these principles through construction of 35 demonstration houses in target communities. These activities will be closely supported and monitored by an FRCS shelter technical team which will be comprised of a shelter delegate, field officers and nominated shelter volunteers from the FRCS integrated teams. Selected households in the 35 communities will also receive repair assistance - integrated with WASH activities and strongly supported with ongoing technical support.

All communities affected will be part of a 'low cost, low tech' safe shelter awareness programme, which builds upon the emergency shelter distributions (tarpaulins and toolkits) and takes into account the principles of 'build back safer' as agreed through the Shelter Cluster. This will also include the rollout of Participatory Approach for Safe Shelter Awareness (PASSA) approach or similar approach such as 'build back safer' in an identified 'at risk' community to support risk reduction and disaster preparedness.

At the National Society level, orientation is planned for FRCS staff and volunteers around disability inclusive shelter and settlements in emergencies ('All Under One Roof', a two day training) along with additional shelter awareness training for identified 'shelter' volunteers that will be supporting the shelter technical team in implementation.

. Cash for work will be used to provide skilled and unskilled labour to support the families with the repair.

Population to be assisted: 1,200 most vulnerable households across communities will receive shelter assistance and the technical support to ensure build back safer principles are incorporated. One demonstration house will be built in each of the 35 target communities. A PASSA type approach will be used to provide the wider community with 'build back safer' messaging targeting 8,000 households in an integrated manner.

Outcome 4: Affected households have recovered safer shelter and gained awareness and skills on safer shelter																
Output 4.1: Affected households whose houses were damaged have repaired or rebuilt back better																
<i>Indicators:</i>																
<i>a) No. of households who have received durable shelter assistance that meet agreed standards for the specific operational context</i>																
Activities planned	Month															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
4.1.1 Conduct ToT training for 20 FRCS volunteers and staff in 'All under one roof' (disability inclusive shelter and settlements in emergencies) for both National Society preparedness and awareness during recovery phase			X								X					
4.1.2 Continue market analysis and identify modality for providing shelter materials		X	X	X												
4.1.3 Identify households or communities that will receive shelter repair and rebuilding assistance, revalidate their eligibility and register them (all in consultation with communities and according to existing community processes)		X	X	X	X	X	X	X	X	X	X	X	X			
4.1.4 Identify and train local construction teams on repair and reconstruction methods to the agreed 'build back safer' standards and 'All under one roof' guidelines			X	X	X	X	X	X	X	X	X	X	X			
4.1.5 Provide selected households with orientation on the shelter recovery program, the process and obligations					X	X	X	X	X	X	X	X	X	X		
4.1.6 Assist in construction of 35 demonstration houses (1 in each of 35 communities) with local builders and community					X	X	X	X	X	X	X	X	X	X		
4.1.7 Provide 1,200 selected households with fully damaged houses with shelter materials, technical guidance and labour support								X	X	X	X	X	X	X		
4.1.8 Provide ongoing technical advice and regular monitoring to ensure that repairs or rebuilding works have been correctly implemented in accordance with 'build back safer' principles								X	X	X	X	X	X	X		
4.1.9 Conduct beneficiary monitoring on the impact and use of skills acquired and the usefulness of shelter										X	X	X	X	X		

solutions provided																				
Output 4.2: Awareness of target communities on build back better for shelter is raised																				
<i>Indicators:</i>																				
a) No. of safe shelter awareness raising sessions held																				
b) No. of people reached with safe shelter awareness and 'build back safer' messaging																				
c) % of the target population provided with awareness messages who can correctly identify agreed safe shelter features																				
Activities planned	Month																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15					
4.2.1 Collaborate with the Shelter Cluster in the development of IEC materials and 'build back safer' messaging	x	x	x																	
4.2.2 Conduct 'build back better' ToT training for 20 FRCS volunteers and staff so they can better support and monitor implementation of shelter activities in communities		x	x	x																
4.2.3 Using IEC materials developed by the shelter cluster, raise awareness of how households targeted by shelter interventions can improve their houses to be safer against future cyclones						x	x	x	x	x	x	x	x	x	x					
4.2.4 Facilitate activities for safe shelter awareness and risk reduction in selected 'at risk' communities targeting 8,000 households						x	x	x	x	x	x	x	x	x	x					

Progress

Capacity building is on-going with Fiji Red Cross Society (FRCS), the implementing partner, in preparation for shelter project implementation. This programme has provided a first opportunity for FRCS in shelter recovery, of which they are proud to be involved. This greatly increasing their capacity and willingness to assist in meaningful shelter and settlement programming, which can only be positive for preparing for future extreme weather events in Fiji.

The Community Engagement process is central to the success of the project. In the introductory meeting with the village the timing of participation in training is confirmed. Vulnerability criteria and beneficiary identification and selection of potential recipients from data are discussed. Through orientations, FRCS ensure branch volunteers can deal with questions and complaints and give key messages. Project details, timelines and exit strategies are discussed with the confirmed recipient, local authorities and the community regarding the proposed plan and process and the need for their agreement and participation in the project. The 12 trainees are identified and in a following meeting a technical orientation is undertaken. Community contribution is discussed and is emphasised as a pivotal to the process. As part of the exit strategy, community and household agreements are saved and FRCS conducts a hand-over to the community and the branch for accountability.

As part of Shelter recovery, FRCS, supported by IFRC, will train 420 carpenters and masons in Build Back Safer (BBS) construction techniques and messaging. Four demonstration houses have been completed in two provinces to date. 48 local and neighbouring community members have been trained in carpentry, masonry, plumbing and BBS. A total of 18 electric power tools sets and 35 hand tools sets will be procured and used during the demonstration house training and after for the community carpenters to install the BBS kits in each of the 35 villages. Training is seen as the vehicle for knowledge and skills transfer. These trainee carpenters will connect the demonstration phase (35 houses) to the BBS assistance phase of (1,200 houses) of the recovery operation while reaching 8,000 households with Build Back Safer messaging. The 1,200 households for BBS assistance will be identified from the villages and surrounding villages, centered around the demonstration house and verified by through community committees.

Skills covered by the two-week demonstration house construction include carpentry, masonry, and plumbing for housing and safe sanitation. Open house sessions will be held, whereby the construction will be paused at various stages as the community can visit the on-going project and participate in discussions around BBS.

The trained community carpenters and masons will have the knowledge and skills to strengthen the 1,200 'Help for Homes' houses using the BBS assistance package. In this regard, the operation will support the 1,200 households through provision of an allowance to the trainee carpenters to install the assistance package. Owner-builders who

have attended the training may also be supported to install the BBS assistance kit. This will be monitored in the field by branch volunteers under the supervision of the FRCS shelter officer and volunteers for quality control.

Using quality design and materials, the demonstration houses are designed to better withstand future cyclones through BBS principles. These principles include building on strong foundations; tying down structures from top to bottom, bracing them for future storms; ensuring joints are strong, a proper roof and the house on safe site and ground. These houses are also designed to provide good indoor ventilation. Each house will also have attached toilet and washroom facilities, a kitchen area, and ramps for greater mobility access and will incorporate a rainwater harvesting system. To enable families to put this principle into action, IFRC provide technical orientation for builders and beneficiaries.

The proposed design was assessed during a site visit by the FRCS Protection, Gender and Inclusion (PGI) representative. There will be two doors for access/ exit from the main living space. The living space is elevated to protect the structure from flooding. For disabled entry and exit, a ramp will be built leading from the open porch to a level access toilet/ washroom and kitchen. Doors and windows will be lockable, ensuring that the living place, toilet/ washroom and kitchen and possessions within are secure.

There is unprecedented demand for construction materials since TC Winston, especially since the Government of Fiji activated the Help for Homes programme as well as reconstruction of 150 schools in Fiji. This demand is compounded by demand from the commercial and business sector as they also recover from the damage. As a result, we expect to start receiving materials for the 31 remaining demonstration houses and the 1,200 BBS assistance kits in late November. The IEC materials – Build Back Safer booklets, developed through FRCS and IFRC's participation the Shelter Cluster, will be finalised in mid-September. Translation into the two local dialects of I-taukei and Hindi through the CCST is expected to be completed in December.

DG-ECHO and Australian Red Cross are contributing to the construction of the demonstration houses. Two ECHO representatives visited the site on 26 July 2016 together with FRCS and IFRC staff and volunteers.

Shelter Cluster Coordination

Needs analysis: IFRC is the Shelter Cluster co-lead agency supporting the Fijian Ministry of Local Government, Urban Development, Housing & Environment (MoLGUDHE) leading the Shelter Cluster. The government has identified shelter as a priority in TC Winston humanitarian response. The Shelter Cluster and the MoLGUDHE have endorsed and launched the Shelter Humanitarian Action Plan to frame the shelter response, in coordination with humanitarian agencies.

Shelter Cluster Team Fiji supported the government leads in convening meetings, developing detailed shelter cluster strategy, providing harmonized technical guidance, identifying and liaising with partners, and carrying out advocacy on behalf of the shelter sector. There is also a need to track the shelter response of Shelter Cluster partners to identify potential operational needs, funding gaps and avoid duplication of efforts.

Technical support and awareness raising on safer construction has been identified as a key need for this response and in light of preparedness activities. Developing training materials and key messages on building back safer, through the appropriate dissemination of IEC materials and technical training will be an important task of the Shelter Cluster.

IFRC is co-lead of the Shelter Cluster and continues to work closely with the relevant Fiji government ministries and other organizations to coordinate the shelter and housing response to TC Winston. The Shelter Cluster in its present form will adapt to a technical working group focusing on building back safer and prepositioning relief stock.

IFRC is Co-lead of the Shelter Cluster with Habitat for Humanity, with the Government of Fiji as the lead. FRCS was represented at the Shelter Cluster together with the IFRC Shelter delegate and assisted with inputs to the products of the Shelter Cluster, which can be viewed by through the following link:

<https://www.sheltercluster.org/library/tc-winston-information-education-communication-library-iec>

There is a need to provide coordinated technical training to build capacity of local carpenters and builders to ensure quality, consistency and coherence in the overall shelter response.

Population to be assisted: According to the Shelter cluster, emergency shelter assistance, through tents, tarpaulins and other NFIs, will be delivered to 28,300 households (the total caseload), which benefits from coordinated interventions. Early recovery will be done through owner-driven repairs and reconstruction of 12,200 households (vulnerable households living under the poverty line, who have endured shelter damage)

Outcome 8: The shelter response of humanitarian actors is strengthened through enhanced leadership, coordination and accountability													
Output 8.1: Timely, predicable, and widely accessible shelter coordination services are provided to the humanitarian shelter sector in Fiji													
Activities planned	Month	1	2	3	4	5	6	7	8	9	10	11	12
8.1.1 Support service delivery of humanitarian shelter actors		X	X	X	X	X	X						
8.1.2 Inform the PHT and Government's strategic decision making regarding the shelter response		X	X	X	X	X	X						
8.1.3 Plan and support the implementation of a shelter cluster strategy		X	X	X	X	X	X						
Output 7.2: Shelter Coordination services in Fiji provide a platform to integrate accountability and disaster risk reduction into the shelter response of humanitarian agencies													
Activities planned	Month	1	2	3	4	5	6	7	8	9	10	11	12
8.2.1 To monitor and evaluate the humanitarian shelter response			X	X	X	X	X						
8.2.2 To build national capacity in preparedness and contingency planning								X	X	X			
8.2.3 To support advocacy on behalf of the cluster, cluster members and affected population		X	X	X	X	X	X						

Progress

The shelter coordination team (SCT) deployed by IFRC supported the Ministry of Local Government, Housing and Environment to coordinate the shelter and housing response. Apart from the Ministry of Local Government, Housing and Environment, the SCT also worked closely with other relevant government ministries, FRCS, UN OCHA and the cluster system, UN agencies, NGOs, Fiji National University (FNU), Fiji Institute of Engineers (FIE), local authorities, and civil society organizations to monitor gaps and support affected communities in their recovery. The Government of Fiji, Shelter Cluster partners have distributed over 27,600 households worth of emergency shelter, including tents, tarpaulins, shelter kits and shelter tool kits, as well as over 50,000 shelter items in total over the 21 May Flash Appeal period. Shelter Cluster Fiji and Habitat for Humanity Fiji ran a successful three-day Build Back Safer pilot training of trainers for carpenters in early May 2016 with FRCS, Caritas, local universities, All Hands Volunteers members, and other organizations. The SCT is now working on supporting FRCS and other cluster partners to replicate this training to support beneficiaries of the governmental HfH initiative or who are self-recovering, as well as identify and address potential gaps in the recovery process.

Residual emergency shelter gaps have been identified and cluster partners have indicated that they have, or may have, the capacity to respond. The Shelter Cluster has collaborated with the Government of Fiji to include Build Back Safer posters and key messages at the HfH voucher card distribution sites and are awaiting results of the outreach.

To strengthen the Shelter Cluster framework in Fiji, the SCT organized and facilitated a lessons-learned workshop on 8 July 2016, the outcome of which will contribute to the National Disaster Management Office (NDMO) Lessons Learned workshop in mid-July. The SCT will also capitalize on resources developed for TC Winston such as IEC material, training curricula or technical guidelines to enhance preparedness for future disasters. Shelter Cluster Fiji scaled down the scope of the cluster beginning end-July to mid-September 2016.

Restoring family links

Needs analysis: TC Winston caused extensive damage to power and telecommunication infrastructure across the country. Many people remained without news of their family members in the first days after the cyclone. The Fiji government is progressively restoring electricity supply in affected areas. All national and commercial mobile operators worked very efficiently to reconnect services in affected areas.

FRCS has appointed a focal person within the National Society to coordinate on restoring family links. The ICRC deployed an RFL delegate to work closely with FRCS to undertake active tracing across affected divisions. A web-page was created where people could search for missing persons and register themselves for family members to find them. The National Disaster Management Office has designated the FRCS (with the support of ICRC) the lead agency for RFL.

Population to be assisted: RFL services will be made available to all those in need across the cyclone affected areas.

Outcome 5: Restoring Family Links (RFL) service is enhanced within the National Society													
Output 5.1: People in affected areas and relatives outside these areas have access to appropriate means of communication to re-establish and maintain contact with loved ones													
<i>Indicators:</i>													
a) <i>No. of people registered in the RFL system</i>													
b) <i>% of registered vulnerable individuals whose families are traced and united</i>													
Activities planned	Month	1	2	3	4	5	6	7	8	9	10	11	12
5.1.1 FRCS teams will facilitate communication for people in affected areas to re-establish contact with their families		X	X	X	X								
5.1.2 Active tracing is considered is support to persons who have not succeeded in re-establishing contact with loved ones in and outside of Fiji		X	X	X	X	X	X						
5.1.3 National Societies staff and volunteers' knowledge and skills in providing RFL service are improved		X	X	X	X								

Progress

As of October 2016, all tracing cases related to TC Winston have been closed. The remaining cases that were still pending were closed following a visit to Koro and Cicia by the FRCS teams, who confirmed that the families had been reunited or moved to the mainland. Up to 39 recorded family tracing cases have been successfully concluded.

FRCS staff and volunteers delivered two Red Cross messages in the community from people in detention who had not received news of their families. ICRC conveyed replies from families to those in detention.

A RFL delegate from Australian Red Cross was deployed in Fiji in October and worked with FRCS to enhance volunteers' knowledge of responding to RFL needs in disasters based on the experience of TC Winston response.

7.1.3 Procure electronic tablets and review assessment templates, for gender and diversity to support FRCS in conducting assessments	x	x	x															
7.1.4 Following an analysis of the response plan and beneficiary needs, mobilize assessment team to carry out early recovery assessments and draft an early/longer-term recovery strategy	x	x	x	x	x	x	x	x	x									
Output 7.2: Mechanisms are in place to facilitate two-way communication with and ensure transparency and accountability to disaster-affected people⁹																		
Activities planned	Month																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			
7.2.1 Provide appropriate information, including on the scope and content of projects, to disaster-affected people	x	x	x	x	x	x	x	x	x	x	x	x						
7.2.2 Ensure that affected people can deliver feedback on the programmes and report any complaints, in confidence, and that such are actioned by FRCS and its partners				x	x	x	x	x	x	x	x	x	x	x				
Output 7.3: Additional assistance is considered where appropriate and incorporated into the plan																		
Activities planned	Month																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			
7.3.1 Ensure that any adjustments to initial plans are informed by continuous assessment of needs and monitoring of relief and recovery services provided to date	x	x	x	x	x	x	x	x	x	x	x	x						
7.3.2 Conduct review, evaluation, and lessons learned workshop			x	x								x			x	x		

Progress

Each FRCS branch in affected areas deployed assessment and distribution teams consisting of trained first aiders, shelter kit trainers and psychosocial support volunteers. The volunteer teams are led by trained ERT personnel. FRCS uses a pre-determined initial damage assessment (IDA) format that is in line with Fiji national IDA standards. The assessment form is being rolled out jointly through tablets which support rapid data collection and analysis in the field.

Three visits were made to Koro Island:

- *First visit* – Emergency relief for 7 high priority villages, distribution of relief items supported by Australian Red Cross, New Zealand's Red Cross, UNICEF, MoH, and Oxfam, as well as household RAMP survey.
- *Second visit* – Relief distribution for remaining communities (7 villages and 2 settlements), construction of communal flush toilet as well as water testing and onsite assessment.
- *Third visit* – The assessment finding was shared through the WASH cluster and all relevant organisations. The detailed assessments provided the base for the FRCS approach for recovery focus on Shelter – demonstration house and WASH for Communal Sanitation and Water Spring Project. Integration Health and Hygiene household promotion.

During second round of distributions Shelter Box released shelter material such as tarpaulins and shelter tool kits (at par with IFRC standards) for distributions to fill the shelter gaps identified in Levuka, Rakiraki, Savusavu and Taveuni based on FRCS initial disaster assessment findings. CARE also coordinated closely with FRCS and filled in gaps in the areas that FRCS had assessed. Partnership with Oxfam resulted in three communal latrines in Koro that used FRCS design (approved by Ministry of Health) for which Oxfam provided material and FRCS labour.

⁹ CEA has been mainstreamed in the integrated program approach.

Budget

REVISED EMERGENCY APPEAL

MDRFJ001 : Tropical Cyclone Winston

7/12/2016

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Appeal Budget CHF
Shelter - Relief	244,075	-	244,075
Shelter - Transitional	841,195	-	841,195
Construction - Facilities	117,275	-	117,275
Clothing & Textiles	23,880	-	23,880
Water, Sanitation & Hygiene	288,642	-	288,642
Utensils & Tools	205,326	-	205,326
Other Supplies & Services	10,000	-	10,000
Cash Disbursements	72,000	-	72,000
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	1,802,392	-	1,802,392
Vehicles	97,500	-	97,500
Computer & Telecom Equipment	39,415	4,000	43,415
Other Machinery & Equipment	3,000	-	3,000
Total LAND, VEHICLES AND EQUIPMENT	139,915	4,000	143,915
Storage, Warehousing	48,158	-	48,158
Distribution & Monitoring	311,573	-	311,573
Transport & Vehicle Costs	102,767	4,000	106,767
Logistics Services	137,049	-	137,049
Total LOGISTICS, TRANSPORT AND STORAGE	599,547	4,000	603,547
International Staff	422,348	170,700	593,048
National Staff	23,600	5,000	28,600
National Society Staff	138,776	-	138,776
Volunteers	172,000	-	172,000
Total PERSONNEL	756,724	175,700	932,424

Consultants	-	15,000	15,000
Professional Fees	15,000	-	15,000
Total CONSULTANTS & PROFESSIONAL FEES	15,000	15,000	30,000
Workshops & Training	271,710	-	271,710
Total WORKSHOP & TRAINING	271,710	-	271,710
Travel	223,754	21,000	244,754
Information & Public Relations	37,723	-	37,723
Office Costs	38,205	3,000	41,205
Communications	6,000	3,300	9,300
Financial Charges	6,000	-	6,000
Other General Expenses	10,000	5,500	15,500
Shared Office and Services Costs	-	7,130	7,130
Total GENERAL EXPENDITURES	321,683	39,930	361,613
Other Partners (NGOs, UN, other)	-	6,000	6,000
Total TRANSFER TO PARTNERS	-	6,000	6,000
Programme and Services Support Recovery	253,953	15,901	269,854
Total INDIRECT COSTS	253,953	15,901	269,854
TOTAL BUDGET	4,160,924	260,531	4,421,455
<u>Available Resources</u>			
Multilateral Contribution	4,068,264	231,272	4,299,536
TOTAL AVAILABLE RESOURCES	4,068,264	231,272	4,299,536
NET EMERGENCY APPEAL NEEDS	92,660	29,258	121,919

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to **inspire, encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the **maintenance and promotion of human dignity and peace in the world.**

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and peace.