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Emergency Plan of Action Operation Update

Fiji: Tropical Cyclone Keni



DREF n° MDRFJ002	GLIDE n° TC-2018-000037-FIJ
EPoA update n° 1: 2 July 2018	Timeframe covered by this update: 18 April – 18 May 2018
Operation start date: 9 April 2018	Operation timeframe: 4 months End date: 18 August 2018
Overall operation budget: CHF 237,715	If Emergency Appeal/ One International Appeal operation, DREF amount initially allocated:
N° of people being assisted: 39, 667 (20,455 through response work and 19,212 through health messaging)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross CCST Office, Fiji, Suva, Australian Red Cross and New Zealand Red Cross	
Other partner organizations actively involved in the operation: A few members (UNICEF, WHO, UN Women) of the Pacific Humanitarian Team (PHT) were engaged since TC Josie and extended support to the TC Keni response. Similar to the PHT members, the members of the INGOs in Fiji (Can do, CARE, Oxfam, Save the Children and Plan International) assisted communities affected due to TC Josie and also continued support in response to TC Keni. MFAT and DFAT also offered NFIs and further support to the Fiji Government during the TC Keni response phase.	

Summary of major revisions made to emergency plan of action:

- *Delayed deployment of PMER for completion of the Final Report- due to lack of candidates*
- *Adjustment to the replenishment total below*
- *Procurement of Jerry Cans from IFRC International procurement instead of local procurement*

A. SITUATION ANALYSIS

Description of the disaster

Tropical Cyclone (TC) Keni was initially monitored over the Pacific waters as Tropical Disturbance 13F (TD13F) analyzed far West of Fiji on the 2nd of April. TD13F, later upgraded to a tropical cyclone category 1 as it moved East South East towards Fiji.

TC Keni increased to Category 2 as it moved towards the Fiji Group on the 9th of April 2018. On the morning of the 10th of April, TC Keni was upgraded to category 3 and was located near 17.8 South 175.4 east. Close to its centre, it reached average winds of up to 150 km/hr.

IFRC CCST Suva continued to provide technical support to Fiji Red Cross and assisted in its communication needs, whilst FRCS worked alongside the National Disaster Management Office (NDMO) to assist areas identified to be the worst affected from TC Keni. Kadavu was identified as a key focus area on the 12th of April as TC Keni had made landfall before exiting the group at 00.00hrs on the 11th of April.

Whilst the NDMO worked with donor partners for aerial reconnaissance in Kadavu, FRCS was able to secure a helicopter to mobilize a team of volunteers and staff on the ground to undertake assessments on the Island. Areas that were damaged by TC Josie within the Western Division were also areas worst affected in the aftermath of TC Keni and thus became key focus areas during the response period.

The NDMO worked with the Divisional Commissioner Eastern and the Divisional Commissioner Western during the response period, whilst FRCS Branches worked alongside their district offices in reaching affected areas. The northern division only experienced heavy rain and this was monitored by both the NDMO Divisional Offices and FRCS divisional north office.

As of the 13th of April, 90 evacuation centers were active with a total of 2,584 evacuees, which had declined from 12,000 evacuees recorded from previous days. A total of 446 schools were being used as evacuation centers. Schools in the West, especially those in Ba, took longer to return to normalcy as Ba was one of the areas worst affected in the Western Division.

There were 89,250 people estimated affected in the Western Division by TC Josie, a huge proportion of which were also affected in the onset of TC Keni. A total of 700 people were affected in the Northern Division by TC Josie in sugar cane farm settlements, this figure dropped during the TC Keni response as affected areas were mainly in the West.

Summary of current response

Overview of Host National Society

The Fiji Red Cross Society was registered in 1971 and recognised as an independent National Society in 1973. The Society is officially recognised by the government of Fiji as a voluntary relief organisation, an auxiliary to public authorities and as the only Red Cross Society in Fiji. It is the most widely recognised and respected humanitarian organisation in the country.

FRCS has 16 branches with 44 staff members and 1,080 registered volunteers, out of which 260 were mobilized for emergency response operations. A total of 13 emergency response (ERT) trained volunteers in the northern division and western division were also deployed for response to TC Keni.

In its response to TC Keni, the Fiji Red Cross Society activated its National Emergency Operating Centre as well as its Northern Divisional EOC, while the Western Divisional EOC continued its support in response to TC Josie which affected the Western part of Fiji the weeks before TC Keni. All branches in the Western Division allocated skeletal teams in Branch EOCs which provided daily updates to the Divisional EOCs regarding Branch Assessments and Distributions carried out in each Division. These updates were then later compiled for the National EOC, which were then tabled as reports to donors and stakeholders on a daily basis.

Overview of Red Cross Red Crescent Movement in country

National Societies in the Pacific, along with the IFRC country cluster support team (CCST) in Suva and partner national societies, were in regular communication and were on high alert in the initial sighting of TC Keni by the Fiji Meteorological Service.

Australian Red Cross (ARC) has a country and partnership manager delegate embedded in the Fiji Red Cross Society who supports the liaison with the Australian Department of Foreign Affairs & Trade (DFAT) post in Fiji.

The IFRC CCST continues to closely liaise with FRCS and are providing operational and PMER support. IFRC CCST have supported with the publication of the Information Bulletin as well as continuous technical monitoring of the operation from the National Office (Headquarters). In addition, it continues to coordinate the assistance with IFRC APRO as well as PNSs in the Pacific.

Overview of non-RCRC actors in country

The Fiji Government continues to lead the operation all over Fiji and is liaising with district offices and provincial administrators in coordinating relief efforts in their respective districts. UN, INGO's and NGO's continue to liaise with Government on efforts in response to TC Keni. Updates have been received through situation reports from these organisations which are consolidated by NDMO and shared with partners.

Inter-Cluster coordination have been activated in the areas of WASH, Health & Nutrition, Security and protection, shelter and education. These clusters are composed of government and UN agencies.

The Australian DFAT and New Zealand High Commission have also shown interest in supporting the affected areas. The PHT members as well as the members of the INGO network in Fiji are also supporting the response.

Needs analysis and scenario planning

Needs analysis

On the 9th of April 2018 the government of Fiji activated a total of 43 evacuation centers in the northern and western division with 9 and 34 evacuation centers respectively in these 2 divisions. A¹ total of 2,584 evacuees sort shelter in evacuation centers within the first 24 hours, with most of these evacuees coming from the eastern division (a total of 1,724 evacuees).

¹ Source: National Emergency Operation Center Tropical Cyclone Keni Situation Report no. 19 of 13/04/2018

FRCS contributed to the overall objectives of the national response according to its role in Fiji's National Disaster Management Plan 1995. This includes assistance in post disaster damage and needs assessments, provision of tarpaulins, dignity packs and household items. All branches in the western division and Labasa branch in the northern division commenced initial damage and needs assessments before proceeding to distributions.

On the 13th of April, in Kadavu, in the eastern division 568 houses were confirmed to have sustained damages from TC Keni. Of that number, 449 houses were reported to have been partly damaged while 119 houses were completely destroyed. Shelter and livelihoods were affected across the 17 communities (513 households) in Kadavu.

Telecommunications were operational in all Divisional Service Centers and branches, except for Kadavu with sporadic telecommunication access during the response phase.

There were challenges in road accessibility in affected areas with most roads and bridges damaged due to flooding. These were mainly in the Western Division in Ba, Tavua, Nadi & Sigatoka, and additionally, in Kadavu where the airport remained closed and the domestic inter-island ferry resumed services a few days later.

Additionally, Fiji is also facing an outbreak on meningococcal C that was declared on 20th March 2018. This is seen to be a major health concern with the affected population moving in to evacuation centers during the response period, increasing the risk of transmission of this disease which is transmitted from human to human through saliva. Furthermore, other related diseases are being monitored closely such as leptospirosis, dengue fever and typhoid given the remaining debris in communities that were affected by flood waters.

Targeting

The Fiji Red Cross Society identified a total of 595 affected communities in the Western, Northern and Eastern Division, which were mainly villages and settlements. At the end of the response period, FRCS had reached a total of 67 communities in the aftermath of TC Josie and a total of 266 communities in TC Keni, bringing the total number of communities reached to 333 communities, which comprised a total of 4,333 households, containing an approximate 20,455 individuals.

Headquarters and Divisional Service Centers were in close communication with the Government Divisional Commissioners and District officers in the mobilization of Branches in the affected areas.

The DREF support is therefore aimed at supporting 31% of the affected communities which is approximately 27,500 people in the areas of health, water, hygiene, sanitation and shelter. The support is to ensure that gender, protection and social inclusion aspects are also covered in all areas. FRCS targeted reach of 180 Communities had been reached well ahead of time as Branches took the lead role in responding to affected areas within the first 24 to 72 hours.

Branch	Estimated No. Affected Communities	FRCS Target (31% of the affected population)	FRCS Reached Communities
		FRCS Targeted Communities	
Sigatoka	127	39	34
Nadi	25	7	26
Lautoka	41	12	56
Ba	28	8	84
Tavua	11	4	32
Rakiraki	16	4	12
Nalawa	73	22	37
Labasa	20	15	0
Suva – Kadavu	120	3	52
Levuka	10	6	0
Savusavu	124	38	0
Total	595	158	333

Scenario planning

On the onset of TC Josie which affected Fiji a week before TC Keni, continuous rain was experienced that led to the flooding of low lying areas. Whilst TC Josie did not cause much wind damage to the houses, the continuous rain resulted in wide spread flooding in the Western Division. TC Keni brought more rain and as it developed to a Cat 3 cyclone, wind strengths of 150 km/hr which damaged houses, especially in the island of Kadavu. Considerations revolved around the fact that the cyclone season was not yet over and that another low-pressure area had been monitored close to the

Solomon Islands group. The response was therefore planned out of consideration of these, with specific concerns around communities that were affected by TC Josie, immediately placing them as key focus areas in the TC Keni response work. Given that Fiji is also currently experiencing a health outbreak of meningococcal C aside from other health concerns such as leptospirosis, typhoid and dengue, the FRCS response was therefore planned in such a way so as to meet the needs of communities in Shelter, WASH and Health.

Operation Risk Assessment

Adhering to the 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 adapted, 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 their recovery will be carefully considered. The Response support does not undermine communities' ability to cope with future disaster or create dependency on aid during disasters. It does not exacerbate existing gender inequalities or other inequalities that exist. There was an emphasis on quality programming and institutional capacity development of National Society branches on the outer islands such as Kadavu. All activities were monitored closely and reviews of any operational risks will be conducted carefully by the IFRC CCST.

B. OPERATIONAL STRATEGY

Proposed strategy

The operation first began with Branches setting up their own Emergency Operation Centers to cater for affected Communities nearest to them. Branches in each division then carried out rapid initial damage assessments to ascertain the extent of the damages in each affected community. Communities initially responded to in the TC Josie response became immediate focus areas of the first initial assessment sweep for TC Keni.

Branch Volunteers were instrumental in identifying affected people and preparing beneficiary lists for the distribution of essential relief items. Initial damage assessments were also conducted in communities in consideration of Gender, Special needs and Psychosocial needs cases. Branches with communities' worst affected deployed assessment and distribution teams together so as to ensure the vulnerable were reached within the first 24 hours of operations. A detailed action plan to support the FRCS in responding to the immediate needs of affected populations was drafted and relief item distributions and replenishments were planned according to the needs presented from each Branch EOC at the end of each assessment phase.

Volunteers were also requested to identify communities that were in need of health in emergencies awareness due to the contamination of water sources and the devastation caused to plantations from flood waters. Assessments and distributions were also carried out in evacuation centers with volunteers, who were also gender champions conducting gender awareness, delivering gender pamphlets and placing gender banners in some of the overcrowded centers.

Human resources

A total of 76 volunteers in 6 Western Branches (Sigatoka, Nadi, Lautoka, Ba, Tavua and Rakiraki) carried out initial assessments and distributions during the TC Josie response operations, these numbers increased to a total of 85 volunteers in all 7 western branches in the first 24 hours of the TC Keni response, these were supported by skeletal branch EOC teams for each branch and 6 staff at the divisional EOC in Lautoka. Similarly, 1 staff and 3 volunteers, with further support from 3 staff and 2 volunteers from the FRCS national office and the Suva branch carried out initial assessments and distributions in Kadavu. 160 volunteers in the western division also underwent the health in emergencies training in the western division for all 7 of the western branches, 15 volunteers went through the same training for the northern division for 4 Branches and 15 volunteers went through the training in Kadavu.

All branch assessment and distribution teams were also allocated ERT Volunteers as team leads to ensure consistency in data collection and the efficient distribution of relief items on the ground. All branch Volunteers were also equipped with personal protective equipment such as gumboots, high visibility vests, mosquito repellants and hand sanitizers during field visits. Branch EOC daily debriefs also saw through the continual reminding of volunteers to boil drinking water before field visits and to identify and where possible, to refer gender, special needs and serious medical cases should they encounter them during their visits.

The operation was headed by the operational manager of the national society from the headquarters with divisional coordinators serving as divisional support to the respective branches in the affected divisions. FRCS was also provided with regular technical support from IFRC Suva CCST and APRO team.

Protection, gender and inclusion

Gender, special needs and psychosocial needs were considered during initial assessments and distributions to communities and evacuation centers. Volunteers who were listed as gender focal points conducted gender and social inclusion awareness in some of the major populated evacuation centers in the west. Gender pamphlets were also distributed and gender banners put in place as a means of raising awareness to affected populations on the importance

of ensuring protection to women and children, as well as people with disabilities. Health in emergencies training also endeavored to train an equal number of male and female volunteers, as well as transgender volunteers. As a result, a total of 45 individuals living with disability were reached, along with 8 transgenders in the health awareness disseminations across the western, northern divisions and in Kadavu. The health, shelter and WASH guidelines of the IFRC *Minimum Standard Commitments to Gender and Diversity in Emergency Programming* were observed throughout the operation.

Logistics and supply chain

FRCS logistics was aimed specifically at effectively managing the supply chain, including, procurement, customs clearance, storage and transport to distribution sites, such as branches and the divisional offices in accordance with the operation's requirements and IFRC's logistics standards, processes and procedures.

FRCS have prepositioned relief supplies in 24 warehouses/store rooms across the country – seven sites in the western division, seven sites in northern division, five sites in the eastern division and five sites in the central division.

Based on household assessed needs, locally procured hygiene kits and dignity kits tallied the highest number of NFI's distributed along with 10L jerry cans. Replenishment of items able to be locally procured has been supported through bilateral financial contribution from the Australian Government (DFAT) and Australian Red Cross.

International replenishment of IFRC standard NFI's unable to be sourced locally is being provided through the IFRC Asia-Pacific operational logistics, procurement & supply chain management (OLPSCM) department in Kuala Lumpur (KL). The international replenishment shipment is due to arrive to Fiji, port of Suva on mid-July 2018.

FRCS mobilized hired trucks to ensure FRCS branches on Viti Levu have maintained minimum stocks, while flights and domestic boat services were used for the transportation of NFIs to Kadavu Island.

While the FRCS procurement officer position remains vacant, an RDRT Logistics team member was deployed to FRCS for four weeks from 7 May 1 June 2018 to support FRCS with local procurement policies were carried out efficiently for the success of this operation. IFRC AP OLPSCM department has been further extending its technical logistics support to FRCS and IFRC CCST Pacific as needed.

DREF distribution and replenishment table for 1000 households:

Particulars	International/ Local procurement	Distributed as of 30 April 2018 (TC Josie and Keni)	Distribution Target	Replenishment quantities confirmed
Hygiene Kits	Local	1559	1,000	Replenished with bilateral support outside this DREF
Dignity kits	Local	1384	1,000	Replenished with bilateral support outside this DREF
Black Pack (clothes and linen packs, see annex 1 for full description)	Local	521	1,000	500
Tarpaulin	International (IFRC OLPSCM)	649	2,000	750
Blanket	International (IFRC OLPSCM)	656	500	660
Jerry Can 10 Liters ¹¹	International (IFRC OLPSCM)	2458	2,000	1,000
Community Cleaning Kit (x 30 branches)	Local	N/A	30	30

Information technologies (IT)

All volunteers had access to means of continuous communication when conducting initial assessments and distributions in the field. This was to ensure that they were reachable and could contact relevant emergency services as well as IFRC and FRCS staff for support where needed. Cellular phone reception had been confirmed in the affected areas where volunteers were travelling. Six satellite phones were activated to provide backup telecommunications for the operation during the response phase.

Communications

Communications and media coverage is essential for maintaining and building public, government and donor support, both locally and internationally.

Close collaboration between the IFRC CCST office and Fiji Red Cross Society was in place to ensure a coherent and coordinated communications approach. Agreed key messages and a communications plan was developed, with outputs

that include written and audio-visual content that could be used for infographics and relevant social media/digital products focusing on highlighting Red Cross actions on the ground during the response phase. Content will be developed further following field trips by the FRCS marketing team with support from the IFRC communications manager.

Communication materials will be actively promoted via a variety of channels including IFRC online communication channels and shared widely with National Societies.

Security

There were no significant security issues or threats for FRCS and IFRC staff; as the operation also minimised 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)

The operation manager for FRCS with the support of IFRC guides and monitors the Plan of Action. Reporting on the emergency plan of action is being carried out according to IFRC minimum requirements. Monitoring visits to the affected communities and interviews with beneficiaries, volunteers and others who participated in the response will be conducted to assess progress at regular intervals and to guide any required adjustments. At the end of the operation, a lessons-learned workshop will be carried out by FRCS staff, with volunteers and relevant stakeholders.

Administration and Finance

The IFRC provides the necessary operational support for review, validation of budgets, bank transfers, and technical assistance to National Societies on procedures for justification of expenditures, including the review and validation of invoices.

C. DETAILED OPERATIONAL PLAN

	<p>Shelter</p> <p>People reached: 3245²</p> <p>Male: N/A</p> <p>Female: N/A</p>				
<p>Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions</p>					
Indicators:	<table border="1"> <thead> <tr> <th>Target</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>5000</td> <td>3245</td> </tr> </tbody> </table>	Target	Actual	5000	3245
Target	Actual				
5000	3245				
# of targeted people with safe and adequate shelter and settlements					
<p>Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households</p>					
Indicators:	<table border="1"> <thead> <tr> <th>Target</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>649</td> </tr> </tbody> </table>	Target	Actual	1000	649
Target	Actual				
1000	649				
# households provided with emergency shelter and settlement assistance					
<p>Progress towards outcomes</p> <p>According to Statistics from the National Disaster Management Office (NDMO) at the initial stages of the response phase - a total of 65 houses were completely destroyed by flood waters, whilst 1500 houses were partially destroyed in the Western Division. Kadavu was also reported the worst hit with 568 houses reported to have sustained damages, of which 449 were partially damaged and 119 houses were completely destroyed on the Island. Aside from these, 37 evacuation centers were activated for 2244 evacuees on the onset of TC Josie, whilst 214 evacuation centers were activated for 14000 evacuees during TC Keni.</p> <p>FRCS Assessment and distribution teams in the Western Division and in Kadavu at the end of the response phase had reached a total of 649 households for the distribution of shelter relief items, such as Tarpaulins for temporary shelter, Black packs and Shelter Tool Kits for houses that were completely destroyed. All shelter toolkits were distributed with 2 tarpaulins as per ratio of distribution. This was given to each household but requested to help other families if they need to use their tools.</p>					

² Disaggregated data will include number of males and females reached (will be provided in the final report).

Affected populations that had resided in Evacuation centers at the time, remained in evacuation centers in the first 48 hours before heading back to their various homes to clean up. This was evident in major evacuation centers that immediately became overcrowded on the onset of the two tropical cyclones.

FRCS teams carried out assessments at evacuation centers and followed up with families on their return for the distribution of relief items unique to the situations each family faced. For example; some families may have claimed to have sustained significant damages to their homes, however upon further assessment these families were only eligible to receive tarpaulins rather than shelter tool kits.

The approach to distributing shelter relief items was on a need by need basis, only households that sustained partial damages to their homes received tarps whilst those that were affected by flood waters were given WASH relief items instead. Homes completely destroyed were given tool kits to rebuild.

Challenges faced in the distribution of shelter relief items were around ensuring a consistent standard of assessment in all Branch teams, including Kadavu as some had taken the lead to distribute Shelter Relief items without thorough assessment. This was cause for a review of the use of initial damage assessment forms by ERT Volunteers and Staff throughout.



Health

People reached: 19,212

Male: 9930

Female: 9403

Health Outcome 1: The immediate risks to the health of affected populations are reduced

Indicator:	Target	Actual
# of people reached by NS with services to reduce relevant health risk factors	27,500	19,212

Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines

Indicator:	Target	Actual
# of assessments conducted based on standard IFRC and / or WHO assessment guidelines	5,500	3,784

Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population

Indicator:	Target	Actual
# of people reached with community-based epidemic prevention and control activities	27,500	19,212

Health Output 1.4: Epidemic prevention and control measures carried out.

Indicator:	Target	Actual
# of volunteers trained by NS in epidemic control (Target: 126 Volunteers)	126	180

Health Output 1.5: Psychosocial support provided to the target population

Indicator:	Target	Actual
# of people reached by psychosocial support		5

Progress towards outcomes

The Ministry of health had been on the ground visiting Evacuation Centres during the TC Keni response, these visits specifically aimed at addressing key health issues that arise out of overcrowded centres. All FRCS teams as well made their first visits to evacuation centres within their districts and carried out initial assessments accordingly. Distributions were then made either in the centres or in the follow-up visits to families once they had returned to their homes.

This aside, volunteers were identified from each Branch to be a part of the Health in Emergencies training which were rolled out in all Branch EOCs, including Kadavu, carried out and facilitated by the Health Care Coordinator and Health Officers, with the support of the Programs Manager.

Branch Volunteers were then split into teams to revisit affected communities and carry out Health messaging by households. Health messaging was around ensuring affected households were aware of how to keep safe drinking water, safe hygiene practices and the importance of cleaning up debris to avoid the start of diseases such as dengue, typhoid, Leptospirosis, and Meningococcal. Teams also distributed Water Purification tablets in the process.

The Ministry of Health referred several communities to the FRCS to carry out Health awareness and this was particularly the case for Kadavu, where teams visited 15 Communities in total and carried out house to house visits to 427 households. These visits were carried out simultaneously in each Branch and Branches were delegated responsibility for the worst affected communities within their own districts. A total of 3169 households were also reached in the Western Division.

FRCS teams also encountered a total of 58 people living with disability in these communities and also referred 10 individuals to the Social Welfare, Ministry of Health and Empower Pacific for Psychosocial First Aid Support.

The psychosocial support provided was letting them share their experiences they have gone through during the cyclone which enabled them to pour out devastated memories of the cyclone. The 10 cases that was referred to the relevant organisations was to ensure that professional services and support was given to them.



Water, sanitation and hygiene

People reached: 20,874

Male: 10,558

Female: 10,316

WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
# Households provided with safe water services that meet agreed standards according to specific operational and programmatic context.	5,500	2,458

WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Indicators:	Target	Actual
# of assessments conducted based on standard IFRC assessment guidelines	5,500	4,333

WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

Indicators:	Target	Actual
# of people provided with safe water (according to WHO standards)	27,500	12,290

WASH Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

Indicators:	Target	Actual
# of people reached by hygiene promotion activities.	27,500	20,455
# of volunteers involved in hygiene promotion activities	Nil	105

WASH Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population

Indicators:	Target	Actual
# of households provided with a set of essential hygiene items	1,000	1,559
# of households trained in the use of distributed items	1,000	1,559

Progress towards outcomes

Hygiene and dignity kits tallied the highest number of NFIs distributed in the TC Josie and Keni response work throughout the affected areas in the West and in Kadavu. Each affected household assessed were allocated a hygiene kit each and where there were women present, 1354 dignity kits were given.

2458 Jerry containers were also distributed according to need, more specifically to households that would have lost access to safe water. These containers were given with 2001 water purification tablets, one of which could clean 10 litres of water. All volunteers that were part of the assessments and distributions during the response period were also well versed with safe hygiene practices and were also able to hold awareness sessions on the same in the communities they visited.

A NOMAD water purifying unit was also being arranged for the settlements surrounding Ba district as water became one of the major needs during the TC Keni response. There were reports of community members resorting to creek and river water as there was no access to safe drinking water and in some cases government water pipes were damaged resulting in there being no water in some areas.



Protection, Gender and Inclusion

Inclusion and Protection Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs

Indicators:	Target	Actual
#/% of DREFs & Emergency Appeal operations which demonstrate evidence of addressing the specific needs to ensure equitable access to disaster response	100%	95%

Inclusion and Protection Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors.

Indicators:	Target	Actual
100 % of DREF activities record SADD	100%	95%

Inclusion and Protection Output 1.2: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children.

Indicators:	Target	Actual
20 communities or evacuation centres are reached with protection or referral messaging (such as banners, brochures, messaging)	20	127

Progress towards outcomes

All assessments and distributions, inclusive of all basic services carried out during the response period by the FRCS was done out of consideration of gender, special needs cases and the elderly. Volunteers also carried out assessments and house to house visits with the awareness of local referral systems for child protection issues and gender issues.

Distributions were made in consideration of the number of women and girls present in each family, it determined the distribution of dignity kits where necessary. This aside gender focal points within branches also visited evacuation centres and carried out gender dissemination in 7 centres whilst Volunteers that carried out health messaging also carried out gender dissemination in communities they visited. There was a total of 120 communities all together visited and through which gender dissemination was conducted.

Through the community visits of the health in emergencies team, 58 individuals living with disabilities were also reached, along with 8 transgenders. 10 cases were also referred further to the services of the Ministry of Health, the Social Welfare and Empower Pacific for Psychosocial Support Services.

Volunteers were also continually briefed in Branch EOCs through the guidance of the Divisional EOCs on the importance of maintaining the 7 fundamental principles of the Society, the code of Conduct and the Child Protection Policy at all times during their work as Red Cross Volunteers.

International Disaster Response

Outcome S2.1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
# of coordination internal and external coordination meetings attended	N/A	10

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

Indicators:	Target	Actual
# of surge capacity roster members deployed	2	1

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Indicators:	Target	Actual
% of international procurement respecting the IFRC procurement procedures	100%	95%

Progress towards outcomes

In this strategy the operation held various meetings with partners both nationally and regionally in its response operation, this includes Pacific Humanitarian Team meetings, teleconferences with partner national societies and a number of internal meetings with FRCS, NDMO, Divisional and provincial's departments. This is to ensure that affected communities are reached on timely and effectively and upholding the fundamental principles of the movement.

In this period of the operation, only logistics surge support was deployed for four weeks to support FRCS on logistic support for the operation. PMER surge support is still yet to be recruited and this is hopefully to be recruited in the last phase of the operation.

D. BUDGET

No revision required for the Budget

Click [here](#) for budget.

Reference documents



Click here for:

- [Emergency Plan of Action \(EPoA\)](#)

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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 (NGO's) 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**.

Disaster Response Financial Report

MDRFJ002 - Fiji - Tropical Cyclone KENI

Timeframe: 01 Apr 18 to 18 Aug 18

Appeal Launch Date: 01 Apr 18

Interim Report

Selected Parameters

Reporting Timeframe	2018/4-2018/5	Programme	MDRFJ002
Budget Timeframe	2018/4-2018/8	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		237,715				237,715	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		237,715				237,715	
C4. Other Income		237,715				237,715	
C. Total Income = SUM(C1..C4)		237,715				237,715	
D. Total Funding = B + C		237,715				237,715	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		237,715				237,715	
E. Expenditure		-92,204				-92,204	
F. Closing Balance = (B + C + E)		145,511				145,511	

Disaster Response Financial Report

MDRFJ002 - Fiji - Tropical Cyclone KENI

Timeframe: 01 Apr 18 to 18 Aug 18

Appeal Launch Date: 01 Apr 18

Interim Report

Selected Parameters

Reporting Timeframe	2018/4-2018/5	Programme	MDRFJ002
Budget Timeframe	2018/4-2018/8	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)						237,715	237,715	
Relief items, Construction, Supplies								
Shelter - Relief	27,440						27,440	
Clothing & Textiles	42,116						42,116	
Medical & First Aid	860						860	
Utensils & Tools	2,940						2,940	
Other Supplies & Services	13,230						13,230	
Total Relief items, Construction, Sup	86,585						86,585	
Logistics, Transport & Storage								
Distribution & Monitoring	3,577						3,577	
Transport & Vehicles Costs	52,352						52,352	
Logistics Services	6,615						6,615	
Total Logistics, Transport & Storage	62,544						62,544	
Personnel								
National Society Staff	17,895						17,895	
Volunteers	28,774						28,774	
Total Personnel	46,668						46,668	
Workshops & Training								
Workshops & Training	8,232						8,232	
Total Workshops & Training	8,232						8,232	
General Expenditure								
Travel	15,680		3,791			3,791	11,889	
Information & Public Relations	3,142						3,142	
Communications	319						319	
Financial Charges	37		9			9	28	
Total General Expenditure	19,177		3,800			3,800	15,377	
Operational Provisions								
Operational Provisions			82,777			82,777	-82,777	
Total Operational Provisions			82,777			82,777	-82,777	
Indirect Costs								
Programme & Services Support Recove	14,508		5,627			5,627	8,881	
Total Indirect Costs	14,508		5,627			5,627	8,881	
TOTAL EXPENDITURE (D)	237,715		92,204			92,204	145,511	
VARIANCE (C - D)			145,511			145,511		