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Operation Update Report Fiji/Pacific: Tropical Cyclone Yasa/Ana

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRFJ005	GLIDE n° TC-2020-000238-FIJI
Operation update n° 3; Date of issue: 18/06/2021	Timeframe covered by this update: 05/02/2021 – 24/05/2021
Operation start date: 16/12/2020	Operation timeframe: 8 months End date: 31/08/2021
DREF allocated: CHF 676,325	
N° of people being assisted: 20,806	
Red Cross Red Crescent Movement partners currently actively involved in the operation: The Fiji Red Cross Society (FRCS) activated its branches and mobilized its volunteers in the affected provinces of Bua, Macuata and Cakaudrove. A team from the FRCS headquarters travelled to Bua province on 20 December 2020, to assist volunteers conducting initial assessments. The International Federation of Red Cross and Red Crescent Societies (IFRC) office also sent four technical staff in WASH, Shelter, Cash Voucher Assistance (CVA) and Health to assist FRCS staff and volunteers. The country cluster delegation (CCD) Pacific office continued to provide technical support in operations management, logistics, human resource, WASH, shelter, health and planning, monitoring, evaluation and reporting (PMER). The International Committee of Red Cross and Red Crescent Societies (ICRC) sub-regional office provided communications support to the FRCS office and Restoring Family Links (RFL) equipment and personnel support in the affected areas.	
The New Zealand Red Cross (NZRC) supported through deployment of an operations manager on secondment to IFRC to support FRCS and have also been providing remote information management (IM) and logistics support while the Australian Red Cross (ARC) have been providing communications and WASH support to the CCD Suva office.	
Other partner organisations actively involved in the operation: National Disaster Management Office (NDMO) and the cluster system, Ministry of Health and Medical Services and other major government actors. Medical Services Pacific for counselling. Other partners involved in the response include the United Nations (UN) Office for the Coordination of Humanitarian Affairs (OCHA), World Food Programme (WFP), United Nations Children's Emergency Funds (UNICEF), Australian Department of Foreign Affairs and Trade (DFAT), New Zealand Ministry of Foreign Affairs and Trade (MFAT), Oxfam and the Pacific Rotary Association.	

Summary of major revisions made to emergency plan of action:

This Operation Update is issued to inform stakeholders of the extension to the operation timeframe by two months until 31 August 2021. The extension is required due to an ongoing COVID-19 outbreak in Fiji and the Fiji government has imposed strict restrictions on movement of people and logistics within different provinces and islands. All international and domestic flights have been suspended, domestic ferries are limited to essential freight only, and there is no movement of people. Most businesses remain closed, including suppliers of items needed for the operation.

The restrictions have meant total suspension of the operation with no ability to undertake procurement, transportation of logistics or deployment of staff and volunteers to the affected areas to complete remaining activities.

The situation is still ongoing, with no certainty when the Government of Fiji will lift restrictions and enable the operation to restart. The current detailed plan requires 10 weeks to complete all remaining activities for the early recovery phase of the operation. There are two changes to the Emergency Plan of Actions as follows:

- **WASH**
 - FRCS have de-prioritized the repair/construction of household latrines. This is due to the Ministry of Health undertaking construction of household latrines in the affected communities targeted by FRCS, and also limited technical capacity within the National Society (NS). The budget reallocation is prioritized to increase the number

of community and household water tanks based on analysis from the secondary assessment. This is awaiting final approval from the Director General of FRCS.

- **Health**

- Health activities have focused on provision of awareness messaging for Leptospirosis, Typhoid, Diarrhea and Dengue (LTDD) to communities, to reduce the risk and spread of vector-borne diseases, due to the significant flooding caused by Tropical Cyclone (TC) Ana. To date, FRCS health activities have reached 255 communities, a total of 37,135 people (7,371 households) in hotspot areas affected by TC Yasa and TC Ana. Due to the current COVID-19 outbreak, the LTDD awareness will occur through mass media communications (radio, television and social media) instead of continued community engagement by volunteers, other than in low-risk areas with no COVID-19 cases.

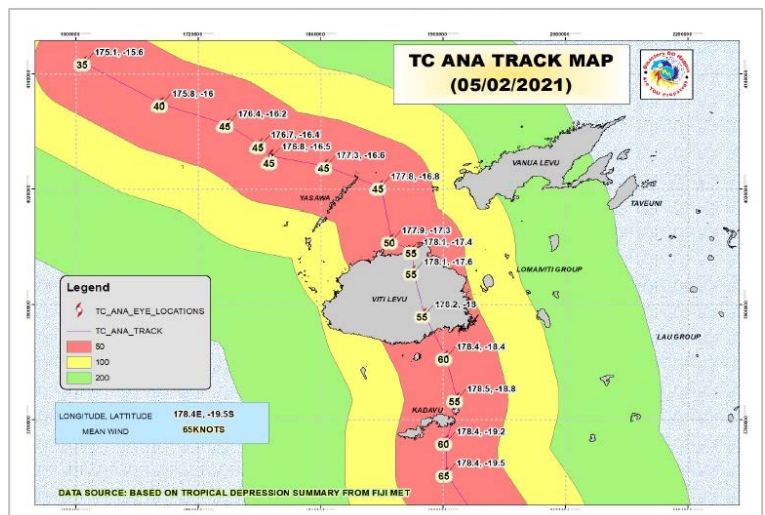
Whilst there is still uncertainty over when the Fiji government will fully lift COVID-19 outbreak restrictions, on 31 May 2021, the government did announce some minor reductions in current restrictions. For businesses to re-open, they must now apply for a permit adhering to strict Covid protocols. Containment zones on Viti Levu continue, now reduced to one zone for the greater Suva area and another zone for Nadi and Lautoka.

A. SITUATION ANALYSIS

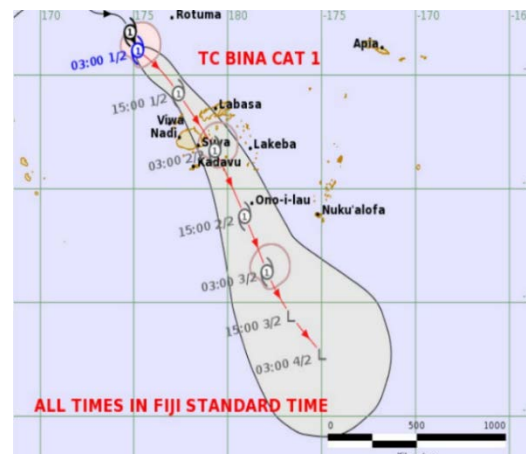
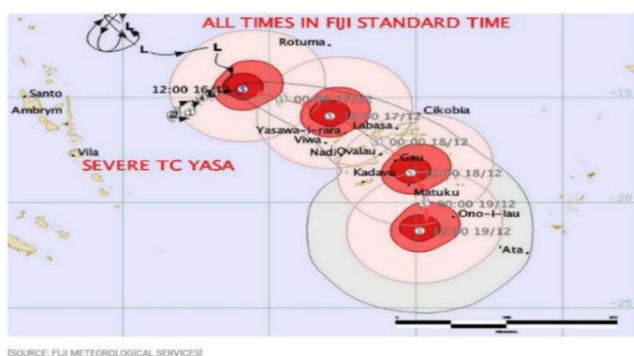
Description of the disaster

Tropical Cyclone (TC) Ana made landfall as a Category 2 tropical cyclone on the main island on Viti Levu on 30 January 2021 and exited the country through Kadavu on 31 January 2021. At the centre, winds averaged 100 kilometres per hour with gusts of 140 kilometres per hour. Significant damage to trees, weak structures and houses was experienced with heavy damage to crops and power failures. Significant level of precipitation caused rivers to overflow and flooded roads, villages, towns and communities extensively. Very high seas and storm surges caused coastal inundation. Click [here](#) to see affected areas from both TC Yasa and TC Ana pathways to Viti Levu.

By midday on 31 January 2021, TD07F developed into TC Bina with an expected path similar to TC Yasa, bringing more rain. TC Bina was downgraded on 1 February but brought additional rainfall. The accumulated rainfall from all three tropical cyclones that followed similar paths caused extensive flooding across all the four divisions. Below is the track of TC Yasa and TC Bina:



Tropical Cyclone Ana pathway to Viti Levu as of 05 February 2021 (Photo: Fiji Meteorological Service)



TC Yasa and Bina pathways to Viti Levu as of 5 February 2021. (Photo: Fiji Meteorological Service)

As of 2 February 2021, the NDMO reported 14,755 evacuees in 422 evacuation centres across the country. Extensive flooding caused damage to infrastructure, with 131 roads and crossings temporarily closed. All major roads in Vanua Levu remained closed, cutting off supply of food and relief items to affected areas. There were two confirmed fatalities and three people reported missing. Access in the northern division was a challenge during the response period, however conditions have improved recently, though still not back to normal as there are significant repairs required to sections of road across Vanua Levu

Main concerns included increased risk of leptospirosis, typhoid, dengue and diarrhoea due to poor water access and standing water. Hygiene is also a concern due to the lack of access to clean water. Psychological first aid is a need given the recurring losses in a short period of the successive cyclones. Early recovery efforts for livelihoods, fixing shelters and access to food and water are all required, acknowledging the risk of further cyclones through to the end of the cyclone season in May 2021. Whilst no further cyclones have occurred, there were periods of significant low-pressure systems and rain that caused ongoing damage to road infrastructure and isolated flooding issues.

Summary of current response

Overview of host National Society response action for TC Ana

The Fiji Red Cross Society (FRCS) were very active in monitoring the track forecast and to disseminate early warning within its network to community and mobilized its branches through the division managers (DMs) to prepare communities. Below are actions taken in preparation prior to TC Ana making landfall:

- Activation of the FRCS National Emergency Operation Centre and coordinated with divisional and branch EOCs to prepare for response across the country.
- Planned for the initial assessment (using D1 form), volunteer deployment and in-depth assessment (using D2 form) which was revised and distributed to all 16 branches.
- Restocked disaster preparedness containers with essential household items from 3 February 2021 for the Western division, specifically in Nadi, Lautoka, Tavua, Rakiraki and Nalawa.

In response to the impact of TC Ana, FRCS focused efforts on:

- Updated the stock take in all its branches and restocked essential relief items.
- Engaged local districts officers to initiate response to affected communities.
- Assisted local authorities in supporting people to and in evacuation centres.
- Assessment was conducted at branch level of affected areas.
- Distribution of relief items occurred in the most affected area. This included hygiene kits, jerry cans and mosquito nets.
- A health focus was provided to LTDD awareness messaging in communities due to the increased risk of vector borne diseases.
- Reactivated the Restoring Family Links (RFL) service with the support of ICRC.
- A recovery assessment was conducted by FRCS staff and volunteers from mid-February until early March 2021. The analysis of this assessment provided the confirmation and planning of the early recovery activities to be implemented for WASH, shelter, health and PGI support activities.

The following staff and volunteers have been deployed as part of the emergency response as of 26 May 2021:

Total Staff and Volunteers deployed (26/05/2021)			
Division	# of staff	# of volunteers	Total by Division
Central	10	15	25
Eastern	2	0	2
Western	2	39	41
Northern	8	121	129
Total	22	175	197

Summary of response for TC Yasa

As of 29 January 2021, FRCS had reached a total of 11,694 people (2,564 households) through its TC Yasa response. Out of the 11,694, people assisted, 11,266 (2,500 households) were reached through shelter assistance including relief items, 5,997 (1,260 households) through health, 9,083 (2,004 households) through WASH and 4,097 (854 households) for Protection, Gender and Inclusion (PGI). These are outlined in the table below:

Division	Bua	Labasa	Seaqaqa	Savusavu	Taveuni	Rabi	Total
Shelter Tool Kit	185	148	191	263	66	70	923
Tarpaulin	793	1,191	609	409	193	89	3,284
Blankets	557	253	359	489	105	83	1,846
Black Packs	356	502	439	307	128	97	1,829
Cooking Set	239	382	342	286	147	55	1,451
Solar Light	123	108	1	0	0	0	232
Mosquito Net	223	790	490	120	0	0	1,623
Dignity Kit	193	209	88	23	0	0	513
Hygiene Kit	173	232	213	31	1	0	650
Water Containers	559	547	481	663	232	85	2,567
Total	3,401	4,362	3,213	2,591	872	479	14,918

In response to TC Yasa, FRCS assisted 11,694 people at the end of January 2021 (2,338 households). A total of 10,913 people (2,183 households) were supported in the Northern division, 301 people (60 households) in the Western division, and 478 people (95 households) in the Eastern division. Distributions of essential household items is still ongoing due to the remoteness of some communities in the Eastern division. Operations were halted due to the development of TC Ana and TC Bina until it was safe to resume. The remaining households in the Western division were included as part of the TC Ana response.

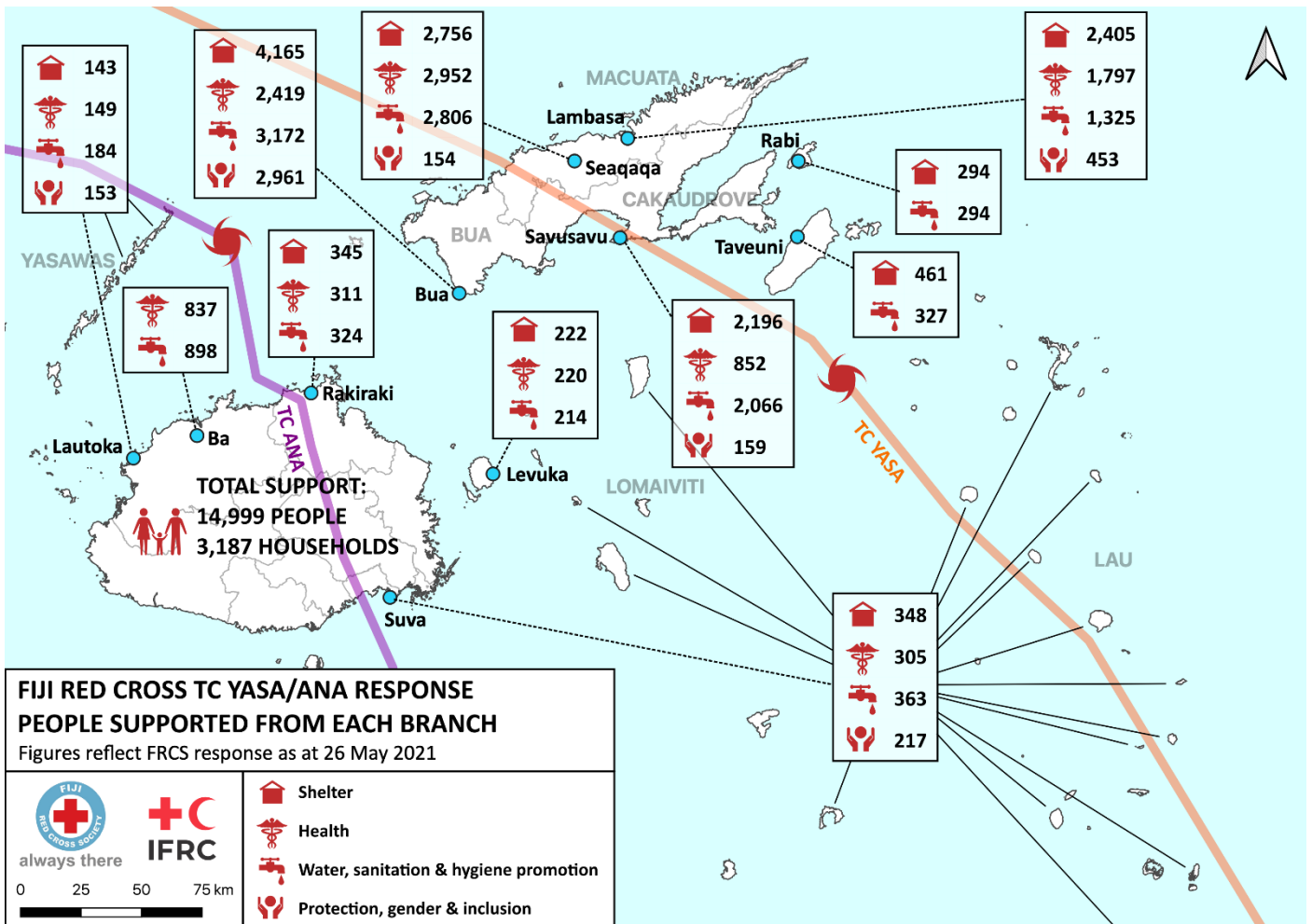
Summary of response for TC Ana

By the end of February 2021, FRCS had reached a further total of 3,030 people (730 households) through its TC Ana response. 1,963 people (114 households) were reached through shelter assistance, 3,138 (745 households) through health, 3,236 (1,088 households) through WASH. These are outlined in the table below:

Branches	Levuka Branch	Bua Branch	Labasa Branch	Savusavu Branch	Seaqaqa Branch	Ba Branch	Lautoka Branch	Rakiraki Branch	Total
Shelter Toolkit	2	0	0	0	0	0	0	0	2
Tarpaulin	26	0	1	0	39	0	2	67	135
Blankets	19	10	0	0	0	0	0	59	88
Cooking Set	19	6	0	16	261	0	0	0	302
Solar Lantern	0	0	0	29	261	0	0	0	290
Black Pack	40	0	0	24	261	0	0	0	325
Dignity Kit	38	10	0	12	78	0	0	40	178
Disability Kit	1	0	0	0	0	0	0	0	1
Mosquito Kit	8	9	1	14	329	163	2	41	567
Hygiene Kits	38	4	0	25	329	46	1	43	486
Water Containers	20	20	0	0	329	177	2	54	602
Total	211	59	2	120	1887	386	7	304	2976

In response to TC Ana, FRCS has assisted a further 3,030 people (730 households). To date, 1,583 people (385 households) have been supported in the Northern division, 1,222 people (303 households) in the Western division, and 225 people (42 households) in the Eastern and central divisions, where there was less impact. A total of 2,976 relief items were distributed in the affected areas. There have also been 5,672 people reached (1,121 households) with LTDD awareness messaging following TC Ana.

During the relief distributions for TC Yasa and TC Ana, a total of 17,894 essential household items were distributed for shelter, health, WASH and PGI assistance. A detailed recovery assessment was completed in the Northern division from mid-February to early March 2021, which informed the specific support for water, sanitation, shelter and basics needs. The combined distribution of relief items for TC Yasa and TC Ana is shown in the infographic below:



FRCS response for TC Yasa/ and TC Ana based on focus areas and branch/geographical location. (Photo: FRCS)

Overview of Red Cross Red Crescent Movement in country

The IFRC Country Cluster Delegation (CCD) in Suva initially provided advice to FRCS on revising the TC Yasa response to include the TC Ana response. Two technical staff provided technical support to FRCS in the review of the TC Yasa response and development of the plan and budget for the TC Ana response. Support is being provided in health, WASH, shelter, PGI, first aid, logistics, communications, volunteer management and operations support by the IFRC. The FRCS RFL programme, supported by ICRC, started during the TC Yasa response and was also activated during the TC Ana response.



Conducting assessment in Bua, Vanua Levu. (Photo: FRCS)

Overview of other actors in country

The government announced new curfew hours on 30 December 2020 from 11pm until 4am each night. These have remained in place until now and increased due to COVID-19 restrictions. The Fiji Police Force and Fiji Military Forces were on call around the country to assist people who needed to be evacuated. All schools were closed from Friday, 29 January 2021 and only reopened on 8 February 2021 as most schools were being used as evacuation centres.

Since the community transmission of COVID-19 occurred in mid-April 2021, the Fiji government have put in place significant restrictions and containment zones throughout the main island of Viti Levu. Restricted movement of people has been in place through several containment zones. Initially, the focus was in Nadi and Lautoka where the outbreak occurred, but quickly included all the greater Suva area as cases occurred in various locations. The restrictions have been ongoing since 22 April 2021 with curfew extended from 11pm to 4am, and increased to 6pm to 4am each evening, in the greater Suva area. There have also been periods of full lockdown for up to 72 hours at a time, where all people were required to remain at home. The number of cases of COVID-19 continue to increase daily, and the government has undertaken a large volume of contact tracing, isolation and quarantine of infected people and community hot spots. A large quantity of Covid testing continue to track and contain the outbreak. International flights in and out of Fiji have also been suspended along with domestic flights and most domestic shipping and ferries between island, apart from essential supplies.

Coordination with the authorities

FRCS is part of the National Emergency Operation Taskforce, and the Director General has attended all TC Ana meeting and briefings. All FRCS branch EOCs have also been activated and were manned by trained community-based volunteers in each location. Coordination between the EOCs is ongoing. The national EOC continued to monitor the situation whilst maintaining communication with divisional and branch EOCs. Close coordination and planning were conducted with divisional commissioners and provincial administrators and district level authorities, which includes the Ministry of Health and Medical Services through the Disaster Management Committees and the Disaster Preparedness Committees, with FRCS and other NGOs contributing to the coordination of national plans.

Needs analysis and scenario planning

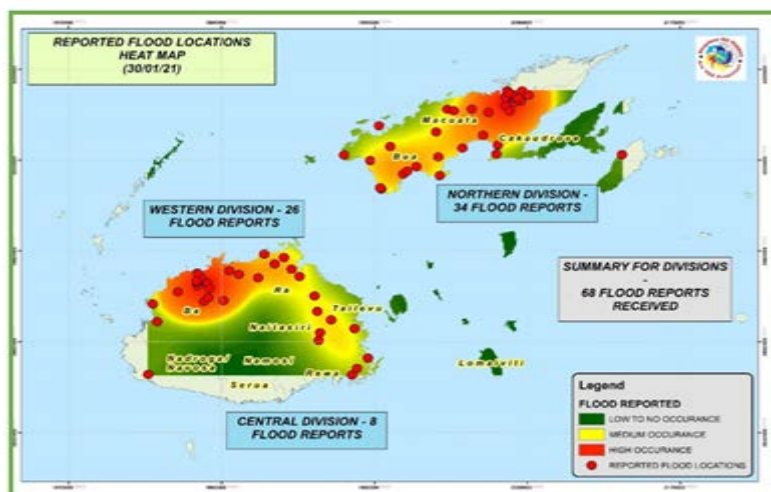
Needs analysis

TC Yasa impacted 97,000 people in its direct path, and approximately 200,000 people overall, with high winds up to 240 kilometres per hour and excessive rainfall. Majority of damage was in Vanua Levu with destroyed crops, flooded and damaged houses, landslides, flooded crossings, and significant infrastructural damages in Bua province. A total of 24 health facilities and 101 schools were damaged. OCHA reported that the initial damage assessments found that 40 per cent of the communities in the West Central and Northern divisions needed safe water for drinking and hygiene. This equates to roughly 25,000 people (5,000 households) (Fiji: Severe Tropical Cyclone Yasa Situation Report No. 06 as of 06 January 2021). As of 1 February 2021, 3,241 households were still in need of WASH support according to the WASH cluster. The government reports that 12,000 farmers have been impacted by TC Yasa and the agriculture sector has suffered 150 million Fijian dollars (FJD) worth of damages.

TC Ana focus area

After TC Ana made its landfall in Fiji, the NDMO established that majority of the population affected by TC Yasa were also affected by TC Ana, specifically the same communities in the Northern division, some of the same communities in the Western division and additional communities in the Central division.

T C Ana brought in continuous rain which caused heavy flooding throughout Fiji. As of 30 January 2021, there were 68 floods reports received by NDMO. Refer to below map.



Flood occurrence report based on divisions. (Photo: NDMO)

Targeting

Below is the original targeting for TC Yasa across the Northern, Western and Eastern districts.

Summary of statistics of population and number of affected people by province.

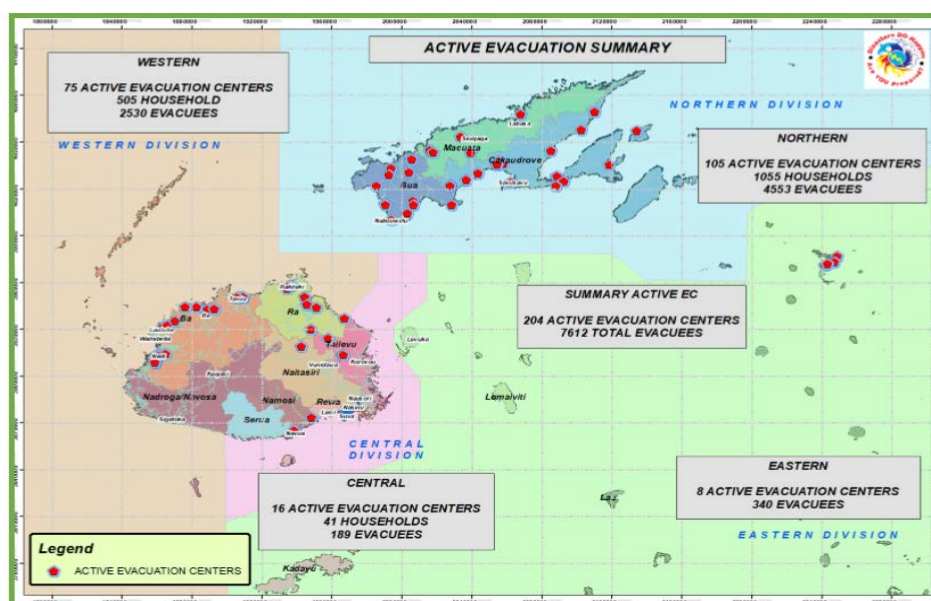
Province	Division	Male	Female	Total population	% of Damage	# of people affected	# of people affected to be supported by FRCS	# of affected households to be supported by FRCS
Yasawa (Ba)	Western	1165	1061	2,226	30	668	668	134
Bua	Northern	8,028	7,461	15,489	70	10,842	2,168	434
Cakaudrove	Northern	26,309	24,138	50,447	30	15,134	3,027	605
Lau	Eastern	5,117	4,422	9,539	40	3,816	763	153
Lomaiviti	Eastern	8,101	7,556	15,657	20	3,131	626	125
Macuata	Northern	33,182	32,796	65,978	40	26,391	5,278	1,056
Total		81,902	77,434	159,336	n/a	59,982	12,531	2,506

As of 1 February 2021, Global Disaster Alerting Coordination System (GDACS) estimated 310,000 people were exposed to the impacts of TC Ana. Based on the 2017 census data (OCHA COD data set), the FRCS planning team worked with an estimate of 82,751 people (16,550 households) severely affected by TC Ana. Considering other actors in the country, FRCS intends to reach approximately 10 per cent of the most vulnerable people in the worst impacted regions (Northern Western and Central districts) targeting a total of 8,276 people (1,656 households). The number of people severely affected, as well as targets are displayed below:

Divisions	Province	Total population	Estimate of # of people severely affected	FRCS Targeted Severely affected people (10% of overall affliction)	FRC Targeted Households (HH)
Western	Ba	247,685	49,537	4,954	991
Western	Ra	30,416	6,083	608	122
Northern	Bua	15,489	3,098	310	62
Northern	Cakaudrove	50,447	10,089	1,009	202
Northern	Macuata	65,978	13,196	1,320	264
Central	Tailevu	3,739	748	75	15
Total		413,754	82,751	8,275	1,655

The Government of Fiji opened 422 evacuation centres to accommodate 14,755 evacuees. Schools, churches, community halls and private residences were all utilized to establish evacuation centres. Evacuees who were occupying school buildings relocated to other evacuation centres or returned to their own homes by 7 February 2020 as children resumed school on 8 February 2020. FRC prioritized support to those in the evacuation centres.

The overall population to be supported through this operation in response to TC Yasa and TC Ana is 20,806 people (4,163 households) across the Northern, Western, Central and Eastern divisions. See detailed table below:



Active evacuation centers based on divisions. (Photo: NDMO)

Division	Province	Total population	Targeted TC Yasa (people)	Targeted TC Yasa (HH)	Targeted TC Ana (people)	Targeted TC Ana (HH)	Total people targeted	Total HH targeted
Western	Ba	247,685	668	134	4,954	991	5,622	1,125
Western	Ra	30,416	-		608	122	608	122
Northern	Bua	15,489	2,168	434	310	62	2,478	496
Northern	Cakaudrove	50,447	3,027	605	1,009	202	4,036	807
Northern	Macuata	65,978	5,278	1,056	1,320	264	6,598	1,320
Central	Tailevu	3,739			75	15	75	15
Eastern	Lomaiviti	15,657	626	125			626	125
Eastern	Lau	9,539	763	153			763	153
Total		438,970	12,530	2,507	8,276	1,656	20,806	4,163

Operation Risk Assessment

The main risks are public safety due to clean-up, lack of infrastructure and the number of evacuees in evacuation centres. The following risks had been considered for TC Yasa and TC Ana and are mitigated by the planned actions below.

Hazardous Events	Current Risks and Impacts	Planned Response
Flooding and landslides	<ul style="list-style-type: none"> • People sharing shelter with others potential risk of Sexual Gender Based Violence (SGBV). • Increase of WASH problems leading to health issues. • Possibility of people being swept away by the flood (missing persons). • Rise in theft and criminal activities as people leave behind property. • Waterborne diseases outbreak. (dengue, diarrhea, typhoid and leptospirosis); COVID-19. • Livelihood destroyed (food crops). 	<ul style="list-style-type: none"> • Provision of emergency shelters, blankets, water containers and tarpaulins for affected people. • Messaging to evacuees promoting proper hygiene practices. • Messaging on community preparedness planning with Protection, Gender, Diversity and Inclusion (PGI) principles and action. • Contact search and rescue teams with information on missing persons. • Possible CVA assessment and provision. • Restoring Family Links (RFL) to be activated and focal points mobilized with the assistance from ICRC. • Messaging and community awareness on Leptospirosis, Typhoid, Diarrhea and Dengue (LTDD) • Continue monitoring COVID-19 situation.
Structures with roofs blown away/damaged	<ul style="list-style-type: none"> • Injuries and death from flying debris. • People displaced from their homes. • Other homes at risk from flying debris. 	<ul style="list-style-type: none"> • Online Restoring Family Links (RFL) hotline established to support people in locating loved ones. • Provision of black packs ¹ (i.e., family kits of clothing, sheets, household items), shelter tool kits and tarpaulins and build back safer kits, alongside safe shelter awareness raising. • Identification of clear and safe evacuation routes. • First Aid trained volunteers respond to injuries.
Trees, debris blocking roads and waterways.	<ul style="list-style-type: none"> • Blocked waterways can mean flooded roads and bridges, and mosquito breeding places. • Safety risk to communities concerning access to places. 	<ul style="list-style-type: none"> • Contact local authorities like National Fire Authority (NFA) and Fiji Roads Authority (FRA) • Provision of mosquito nets and messaging. • Volunteers working in their respective communities assisting affected population.
Power outage and water cuts	<ul style="list-style-type: none"> • Unsafe conditions can lead to a lot of problems and issues. • Break down of communication networks (radio, mobile network etc.) 	<ul style="list-style-type: none"> • Provide solar lamps. • Provide jerry cans • Face-to-face engagement through community networks
Evacuation centers open	<ul style="list-style-type: none"> • Challenges with social distancing (COVID-19). • Possible lack of evacuation centers due to COVID-19 guidelines. • Possible tension over space/food, etc. • Possible SGBV issues. • Overcrowding. 	<ul style="list-style-type: none"> • Assist government in possible relocation to other identified evacuation centres. • Online messaging and support on safety, protection, psychosocial support and community and household preparedness.

¹ Black pack contains of bedsheet single and double, women underwear (size M and XXL), men underwear (size M and XXL), sulu wraps, bath towel (size L), blanket, children t-shirt and short (3 sets), men shirt and short, women top and skirt and insect repellent.

Hazardous Events	Current Risks and Impacts	Planned Response
	<ul style="list-style-type: none"> Unsafe conditions, lack of privacy, security and dignity for the most vulnerable especially women/children PWDs, etc. 	<ul style="list-style-type: none"> Distribution of information, education and communication (IEC) materials on COVID-19 precautionary measures.
Storm surge	<ul style="list-style-type: none"> Damaged houses in low-lying coastal areas. Death and injuries. Damage to infrastructure such as roads, water pipes, nursing and health stations, schools, etc. 	<ul style="list-style-type: none"> Population moved to higher ground. Provide advice on household emergency kits. ICRC is ready to provide support to FRCS in dead body management if required.
COVID-19	<ul style="list-style-type: none"> Risk of COVID-19 community infection (although no community cases are reported in more than 280 days). 	<ul style="list-style-type: none"> All people entering Fiji complete multiple COVID-19 tests before entering and spend 14 days in quarantine. All COVID-19 cases have been identified during this quarantine period, and the facilities are managed by the Ministry of Health and the military. Business continuity plans are in place for the facilities during cyclone season and were enacted for TC Yasa. FRCS has sufficient personal protective equipment (PPE) on hand if needed by volunteers in the future. Good hygiene practices and awareness raising on COVID-19 continue and FRC will ensure COVID-safe programming to limit the spread of communicable diseases.

B. OPERATIONAL STRATEGY

Proposed strategy

The DREF operation is targeted to reach 20,806 people (4,163 households) across Ba and Ra (Western); Bua, Cakaudrove, Macuata (Northern); Tailevu (Central); and Lomaiviti, and Lau (Eastern).

The third allocation revised the DREF Operation and expected to reach a further 8,276 people (1,656 households) affected by TC Ana in all four divisions. Initial assessments confirm minimal damage to shelter but an increased need in health and WASH as a result of extensive flooding, and psychological first aid (PFA) due to the trauma of loss of possessions and familiar space/homes.

The extension of the DREF operation by two months until 31 August 2021 is intended to provide time to complete all remaining activities, once the current restrictions due to the COVID-19 outbreak are lifted and FRCS can restart the operation. Uncertainty remains as to when the restrictions may be lifted. The detailed plan requires ten weeks to complete all remaining activities, once the operation restarts.

Shelter

The most severely affected communities will be prioritized to receive emergency shelter and essential household item (HHI) assistance. Detailed assessments of the north have been completed after the delay caused by TC Ana. The results have been analysed and will be used for the early recovery planning and targeting. The IFRC shelter team continues to support the FRCS at provincial-level with emergency shelter refresher training and safe-shelter awareness, preparing volunteers to help affected households to select safe sites, build temporary accommodation, and carry out basic house repairs using the tarpaulins and shelter tool kits distributed as part of the response. This approach aims to encourage and support communities to 'self-recover' and has been successfully used in the TC Pam and TC Harold responses in Vanuatu and elsewhere in the Pacific region.



Volunteers undertaking shelter refresher training in Bua Photo: FRCS

areas of WASH, health, PGI and PFA. Assessments carried out by the government saw minimal to nil additional damage to homes/structures. Therefore the FRCS focus is on rebuilding water sources, sanitation and promotion of general hygiene in the communities affected.

Health

It is essential to address potential public health concerns as some community members have been left more susceptible to communicable diseases due to the significant number of shelters, water sources and sanitation facilities being destroyed and damaged by the TC Yasa. The focus of the TC Ana operation will remain the same but more focus on

The early recovery strategy supports the worst affected households in the most impacted communities with shelter support kits. Shelter support kits include additional hardware such as cyclone strappings, nails, and roofing nails, which complement available resources of the household. The kits will assist them in constructing emergency/temporary shelter solutions strong enough to survive the rest of the cyclone season. Complementary technical support will be provided with each of the shelter support kits in the form of a Help for Homes booklet. These Help for Homes booklets are available in English² and in the local languages of Fiji-Hindi³ and iTaukei⁴ (Native Fijian). The booklets have simple and contextualized Build Back Better/ Safer tips to allow better understanding of construction principles and measures to make houses stronger and more resilient to natural disasters.

Since there was not much damage caused to the homes of the affected population during TC Ana, the FRCS revised interventions will focus in the

² Help for Homes booklet (English): <https://www.sheltercluster.org/pacific/documents/help-homes-tips-build-back-safer-booklet-english-version-fiji-2016>

³ Help for Homes booklet (Hindi): <https://www.sheltercluster.org/fiji/documents/help-homes-tips-build-back-safer-booklet-hindi-version>

⁴ Help for Homes booklet (iTaukei): <https://www.sheltercluster.org/fiji/documents/help-homes-tips-build-back-safer-booklet-itaukei-native-fijian-version>

the LTDD awareness due to heavy flooding and damages to the household. The new areas in the Western and Central Eastern division were also affected by major floods brought in by TC Ana. With an increase in sanitation damages and sewage overflowing due to flooding and damage, there is a rise in hygiene issues affecting communities, and they will be more susceptible to LTDD. Therefore, FRCS is also distributing hygiene kits and water storage tanks and containers in communities for storage of clean drinking water, advocate on boiling drinking water and create hygiene and LTDD awareness.

The mid to long term probable health impacts identified would be the increase in communicable diseases such as those that are water or vector borne. Short and long terms mental health effects are also likely to increase as the full extent of the impact on health will continue to rise post TC Ana flooding.

With health facilities affected, the delivery of basic health services was disrupted. Village nurses or health workers were mobilized without resources to provide immediate treatments to injuries. Direct impacts of TC Yasa on the health of the population in affected areas were deaths and injuries from collapsed buildings, wind-strewn debris, or existing illness. Fiji NDMO reported four deaths due to TC Yasa.

The focus of the health component of the response is:

- Implementation of communicable disease prevention, COVID-19 key messaging and health promotion activities in communities in collaboration with health authorities and partners. Leptospirosis, Typhoid, Diarrhoea and Dengue (LTDD) are high risk in affected areas.
- FRCS undertakes awareness raising activities amongst target communities about vector control and promotes community clean up campaigns to reduce breeding sites. FRCS staff and volunteers are provided with mosquito repellent while they are working in high-risk areas.
- FRCS continues to advocate and create awareness on COVID-19 and ensure measures are in place and in line with their Ministry of Health in parallel to the response to TC Yasa and TC Ana.
- Staff and volunteers are trained in psychological first aid (PFA) and provide support in these areas (and referrals) to the community activities of operation to address the psychosocial well-being and coping skills.
- Identification of further health referral systems needs are identified with temporary first aid.
- Employing the community-based health and first aid (CBHFA) approach, psychosocial support (PSS) activities and services are undertaken and child protection, violence prevention, gender and diversity considerations are integrated into the design of these interventions. CBHFA also integrates child protection and gender-based violence through PSS. The approach is able to identify injuries and trauma that may have possible links to child abuse or gender-based violence such as domestic violence, and ensures information is provided on referral pathways.
- FRCS has identified specific need for PSS for cyclone-affected communities which will see more volunteers being trained on PSS/PFA and offering support to those showing signs of stress from the effects of the cyclone.
- Volunteers are trained to identify signs of violence and equipped with skills to provide counselling (and first aid, if needed) to affected people, referring more serious cases to the relevant health centres and authority supporting protection gender and inclusion.
- Reprint of the LTDD posters to reach new areas that were affected by TC Ana including hot spot areas that were recently identified by the Fiji Ministry of Health.
- Printing and Messaging on Long Lasting Insecticidal Treated Nets (LLINs) mosquito nets.

WASH

Early rapid assessments conducted by FRCS, IFRC and integrated survey teams under provincial administration coordination indicate widespread destruction of water and sanitation infrastructure in the path of TC Yasa. The assessments teams are also providing WASH Rapid Response support through the provision of hygiene kits, baby kits, dignity kits and jerry cans depending on the hygiene needs of the affected communities. IEC materials translated to the main languages have also been distributed as time limitation will not allow for proper community health and hygiene messaging.

WHO and UNICEF Joint Monitoring Program (JMP) data from 2017 indicates that 11 per cent of rural communities in Fiji have either limited or no existing water supply service and 5 per cent have limited access to sanitation. We can expect that existing hygiene behaviour practices will vary across the affected communities from the urban centres of Labasa and Savusavu to the rural and remote communities of Vanua Levu and islands in the Lau Group due to the disparities of income, markets, education, and water and sanitation infrastructure. The environment to sustain these practices has been significantly impacted, resulting in high risk of water-borne diseases within the communities. A WASH delegate (supported by Australian Red Cross) provided advise and support to FRCS.



Unloading relief items at Nabouwalu, Vanua Levu **Photo: FRCS**

Cash and voucher assistance

As part of the need assessment of FRCS, IFRC provided technical support in piloting a market assessment in the cyclone affected communities in the Northern district to identify the impact of the disaster in the markets and physical and economic access of households to these markets. Cash Voucher Assistance (CVA) assessment found that CVA is viable for the affected areas. Markets were sufficient and the modality was acceptable to recipients. It also found coordination with the government at national and local levels, alongside coordination with other agencies is required to ensure a smooth implementation and clarity on targeting. A FRCS CVA focal point is being hired and will be trained in CVA preparedness and response. A further detailed assessment assesses basic needs, market system, and financial service providers to determine feasibility of CVA in these communities, considering the recent impacts of TC Ana. FRCS and IFRC works together with the Fiji Cash Working Group in developing the minimum expenditure basket and the standardization of grant values.

Delivery mechanisms is explored during the assessment to select the best possible financial service provider (FSP) based on the local context of the affected communities. The provision of multi-purpose cash grant is supported by complementary funds. This will target 500 households in the most affected areas as a pilot programme as this will be the first time CVA is to be implemented by FRCS. Technical support is to be provided by IFRC CCD cash coordinator. A CVA preparedness plan supported by Australian Red Cross is in place for 2021 which will accompany and provide some additional supports to the long-term viability of CVA by FRCS.

Protection, gender and inclusion

Safety of the affected population is a major PGI concern emanating from the severe damages left behind by TC Yasa. Homes were affected resulting in families being relocated to evacuation centres and temporary shelters. Ensuring the safety and protection of individuals is crucial in preventing further harm. Evacuation centres are expected to remain open for another two weeks. Fiji medical officials are monitoring the centres, and FRCS will provide further relief items as necessary to support existing assistance and services. PGI will focus on providing key messages on safety to affected communities and evacuation centres. Information sessions teach recipients how to engage services confidently, including child protection, gender-based and domestic violence referral pathway options available on the ground in the Northern division, as well as the National Toll-Free Child Helpline and the National Domestic Violence toll free contact. The protection of children from further risk and support for potential survivors of sexual and gender-based violence (SGBV) is paramount, to ensure they are properly informed of their rights in times of disaster.

To assist in safeguarding people, FRCS provided SGBV referral IEC materials in the form of a pocket card containing pertinent information and contact of essential service providers such the legal services, police, medical and counselling. In promoting inclusivity, FRCS is considering a tailored approach by developing specialized baby kits⁵ and person with disability (PWD) kits which for now will mainly focus on elderly bedridden citizens. FRCS is distributing PWD kits and baby kits as part of its TC Ana response in the areas of the Northern division that were also affected by TC Yasa with the inclusion of the newly identified communities under TC Ana particularly around the Western and Central division. Sex, age and disaggregated data is being collected to ensure that no one is left behind or left unsafe from FRCS response and interventions.

Community engagement is underway through monitoring of social media, two-way communication between the branch and community leaders and members, and through the informal networks on the appropriateness of the initial distributions. More structured community engagement will be done by FRCS in the coming weeks through monitoring missions to verify coverage, identify remaining gaps and discuss suitability of the services/items received so far.

Disability kit content		
Socks	2	pcs
Flashlight	1	pcs
T-shirt, round neck	2	pcs
Toothpaste, tube 100g	1	tube
Toothbrush, medium, soft	1	pcs
Sulu wraps	2	pcs
Soap, body soap	2	pcs
Soap, box	1	pcs
Cotton blanket	1	pcs
Plastic bag	1	pcs
Adult diapers	2	pkt
Wet wipes	2	pkt
Latex gloves, disposable	1	box

⁵ Baby kits items: Napkins x 24, large safety pin, Diaper x 10pc, baby wipes x2 pkt, teething necklace x 1, Panadol elixir x 100ml bottle, baby wraps x 4 pc, Baby towel x 2pc, cotton buds 1 pkt, beanie x 2, socks x 2, grape water x 100ml, small thermos x 1, bottle x 1, plastic teats x 2, baby powder x 600mg.

Disability kit content		
Pressure ulcer cushion	1	pcs
Mattress protector	1	pcs
Bath towel, small	2	pcs
Bath towel, large	1	pcs
Jerry can	1	pcs
Reusable cup	1	pcs
Packing	1	kit

Security

The National Society's security framework is applicable for the duration of the operation to their staff and volunteers. For personnel under IFRC security's responsibility, including surge support deployed to the area, the existing IFRC country security plan, including security regulations, contingency plans for medical emergencies, relocation and critical incident management is applicable. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e., Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security online training. Staff and volunteers are made aware of the security situation and briefed on reactions in emergency before deployment in the operational area.

Operations Support

Operations management support includes surge support from New Zealand Red Cross (NZRC) for an IFRC operations manager for six months, remote communications support for two months and logistics support for two months. Continued remote information management support is also being provided by NZRC during this initial needs assessment phase. Australian Red Cross (ARC) is supporting a WASH delegate position for two months. The DREF will support three FRCS staff in Psychosocial Support (PSS) for four and a half months, an operations manager for three months, and a logistics officer for three months. Support is also being provided for the 35 staff that are working in the Emergency Operations Centre (EOC) for the first 20 days. The FRCS EOC is set up with units for operations (four people), planning (four people), finance (one person), Information Management (one person), communications (one person), resource mobilization (one person), volunteer management (one person), as well as administration support (one person), logistics (two people), and technical sectoral focal points leads: WASH/shelter, health, PSS, RFL, (three people). There are an additional 15 staff managing the relief items and supporting operational tasks daily. Other complementary funding will provide additional support to FRCS divisional roles in WASH/shelter, and a health officer at the national office. In-kind relief supplies of tarpaulin, shelter kits, blankets, mosquito nets, solar lamps and jerry cans have also been donated by ARC and NZRC.

Logistics and NS capacity

Due to the remote nature of some of the affected areas, access to many of the affected communities requires boat transportation – some are small remote islands in the Eastern division (Lau), others are in the Northern division that are difficult to reach by land. With damage to road access in areas affected by TC Ana, the transportation of volunteers and relief items will also include new areas in the West and the Central division which was affected by flood waters. FRCS is coordinating with authorities on joint transportation options for cost sharing, and with private donors for relief goods to be transported free of charge during this immediate phase. This operation supports boat hiring for trips to two main locations - the northern division and the eastern division, for follow-up distributions and to complete WASH and shelter early recovery activities. The decision for this is in direct response to the lessons learned from TC Harold on the limitations in terms of access FRCS to the remote areas and the challenges in timing of assessments and distributions. It will allow FRCS more flexibility to complete assessments and deliver humanitarian needs in timely manner.



Tracks for TC Yasa. (Photo: ESRI)

As TC Yasa crossed a remote area, the branches in Bua and Seaqqa are supported by two main field Emergency Operations Centres (EOCs). Previously these have just been small branch offices. TC Ana operations in the new locations of West and the Central is coordinated from the HQ for the Central division and the divisional service manager office in the west for the west branches. They have not been significantly damaged, but require clean-up, minor fixes to windows, etc. so they can be functional for coming months. It also requires setting them up a EOC's, therefore generator, printer, basic office supplies, etc. is required for decentralization of the operation, and the staff can operate adequately out of them.


Stocks for FRCS were all pre-positioned at the headquarters, storage containers and at branch level upon receiving the last stocks in October 2020. In response to TC Yasa, affected branches had the capacity to support the population while

more stocks were loaded and sent from storage containers and central division. Local procurement was placed after receiving technical approval from APRO office. FRCS has also been supported by ARC and NZRC with HHI's for TC Yasa.

Logistics will also support continued local procurement related to WASH and kits (hygiene, dignity, family, etc.) and support international procurement, as necessary.

Challenges faced early in the response were in regard to transportation since vessels were restricted from departing to these affected locations and major roads were affected with accessibility as a main concern. Another major challenge faced is the Duty and Tax component which is applied to FRCS for selected NFI's but recently we were provisioned for a waiver as TC Yasa remains to be at State of Natural Disaster ending in mid-February. There is an ongoing discussion for the in-kind donation and International Procurement stocks that shall arrive for pre-positioning in May or June 2021.

C. DETAILED OPERATIONAL PLAN

	<p>Shelter</p> <p>People reached: 11,694</p> <p>Male: 6,045</p> <p>Female: 5,649</p>	
<p>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>		
<p>Indicators:</p>	<p>Target</p>	<p>Actual</p>
<p># households provided with emergency shelter and settlement assistance</p>	<p>2,506</p>	<p>2,614</p>
<p>Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families</p>		
<p>Indicators:</p>	<p>Target</p>	<p>Actual</p>
<p># of /households provided with emergency shelter items, materials and/or tools to have a space that meet the minimum living conditions.</p>	<p>2,506</p>	<p>2,614</p>
<p>Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households</p>		
<p>Indicators:</p>	<p>Target</p>	<p>Actual</p>
<p># households provided with technical support and guidance, appropriate to the type of support they receive</p>	<p>2,506</p>	<p>2,614</p>
<p>Progress towards outcomes</p>		
<p>For TC Yasa, emergency shelter and essential household items were distributed to approximately 2500HH in the worst affected divisions; northern, eastern and western divisions as below:</p> <ul style="list-style-type: none"> • tarpaulins (up to two items per household, depending on level of damage, the size of household, and presence of family members with disabilities). • shelter tool kits (up to one item per household). • kitchen sets (one item per household). • blankets (one item per household, depending on household who have lost everything, and large households who need more). <p>The distributions were complemented with technical support and guidance from the 13 volunteers (three teams) that have received emergency shelter refresher training.</p> <p>Initial distributions were focused on households with severely damaged houses. A second sweep of distributions of emergency shelter and essential household item was done four weeks after the impact of TC Yasa with the remaining balance of relief items to cover distribution gaps.</p> <p>From the analysis of the assessment conducted by FRCS it was confirmed to provide shelter support kits to houses that were classified as category 3 damage. A total of 1,047 households were targeted for this support and local procurement of the items was completed. Unfortunately, the current restrictions due to the COVID-19 outbreak have</p>		

stopped the distribution of these kits due to the inability to move logistics into the affected areas. The shelter support kits contain the following items:

Shelter Support Kit	
Item Description/Specifications	Quantity
Cyclone strapping 1.0 x 25mm x 27m	2 coils
Roofing Nails with washers	1 kg
Galvanized nail 6" (150mm)	1 kg
Galvanized nail 4" (100mm)	1 kg
Galvanized nail 2" (50mm)	1 kg
Clout nail for strapping	1 kg
White sack (empty) 25-30kg	1 piece

TC Ana crossed the main island of Viti Levu as a Category 2 with reports of widespread flooding on both Viti Levu and Vanua Levu, with the latter heavily affected by TC Yasa just one month prior to the impact of TC Ana. There have not been any reports of damages to dwelling places and as such, the proposed TC Ana response will not have a shelter component.



Health

People reached: 11,694

Male: 6,045

Female: 5,649

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

Indicators:	Target	Actual
# of people reached by NS with services to reduce relevant health risk factors	20,806 (12,531) ⁶	11,694

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

Indicators:	Target	Actual
# of assessments conducted based on standard IFRC and / or WHO assessment guidelines	50	Recovery Assessment Completed

First aid services and health awareness messages		
MALE (51%)	FEMALE (49%)	Total
5,730	5,964	11,694

Initial assessments and aerial footage confirmed extensive damages to dwelling places, sanitation facilities and water sources across all the affected areas for both TC Yasa and TC Ana. TC Ana poses a direct health risk to the affected communities due to the heavy flooding. The FRCS reached out to households and communities to assist in the clean-up of their environment and created awareness on sensitisation of future outbreaks and hygiene. The FRCS assessment teams conducting assessments in the field had at least one trained volunteer or staff trained in first aid and were also provided with first aid kits. The teams were expected to provide basic first aid for any injuries and psychosocial support if needed and facilitate referrals for further medical treatment. The assessment teams also distributed hygiene kits and jerry cans to mitigate the immediate health risks faced by the affected population, especially with the likely risk of typhoid due to water being contaminated from the flooding. Other messaging such as boiling of drinking water, and safe storage was part of the advocacy. The assessment teams also collected detailed information on specific household and individual health needs such as existing medical conditions, the number of disabled people, the number of lactating mothers and other special needs. The assessment results have informed further support or shared with other partners.

From the recovery assessment baby kits were identified as a specific need. Targeted distribution was confirmed for the most affected and vulnerable households. Local procurement was completed for 200 baby kits. Unfortunately, because of the restrictions due to the COVID-19 outbreak, these could not be transported to the affected area yet and distributed as per the detailed planning. Delivery and distribution will be completed immediately when restrictions are lifted.

⁶ Numbers in brackets are old targets adjusted for TC Ana response

Health Outcome 4: Transmission of diseases of epidemic potential is reduced

Indicators:	Target	Actual
# of people reached with community-based disease prevention and health promotion programming	4,163 (2,506)	37,135

Health Output 4.1: Community-based disease control and health promotion is provided to the target population

Indicators:	Target	Actual
# of mosquito nets distributed	4,163 (2,506)	2,504

Health Output 4.2: Vector-borne diseases are prevented

# of mosquito nets distributed	4,163 (2,506)	2,504
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The extensive damage caused by strong winds, sea water rises, and major flooding significantly increases the likelihood of communicable diseases. The volunteers engaged during the response are provided with refresher training on Leptospirosis, Typhoid, Dengue Fever, and Diarrhea (LTDD) and COVID-19 key messages to prepare to conduct awareness in affected communities.

During the recovery assessment, the remoteness of most communities and difficulty in travelling due to blocked and damaged roads meant that volunteers did not have sufficient time in the communities to conduct awareness. As such, IEC materials translated into the main local languages were printed and distributed.

Due to the significant flooding that was caused by TC Ana, the priority for health support was identified as the need for awareness messaging in relation to vector borne diseases. Due to increased risk of LTDD, a comprehensive awareness campaign is being conducted in all high-risk communities.

As part of TC Yasa, 209 communities (6,250 households) have been reached on LTDD messaging. During the period following TC Ana, until the suspension of the operation because of current Covid outbreak restrictions, a further 46 communities (1,121 households) had been reached and it was planned to reach a further 180 communities. As outlined below:

Disaster	Community	Total Household	Population	
			Total Male	Total Female
TC YASA	209	6,250	16,427	15,036
TC ANA	46	1,121	2,939	2,733
	255	7,371	19,366	17,769


The completion of LTDD awareness messaging will now occur through mass media communications (radio, television and social media), with volunteers only to conduct community engagement, once restrictions are lifted, in areas where there is low risk and no Covid cases.

Concurrently, with the LTDD awareness messaging FRCS also provided the following support:

- Further targeted distribution of mosquito nets to households with children under five years old, and pregnant women. To date, a further 324 mosquito nets have been distributed.
- FRCS volunteers also support communities in cleaning up and creates awareness on the importance of keeping their environment clean.
- Rat bait was distributed in high-risk areas (along with direction for safe use) to reduce the risk of spread of leptospirosis. To date, 957 containers of rat bait have been distributed across the 255 communities.

Volunteers were equipped with personal protective equipment (PPE) such as gumboots, raincoats etc. To protect them from any exposure of risk to LTDD and injuries from hazardous work areas especially post TC Ana, volunteers will wear necessary safety gear like gloves, boots, etc. No personal protective equipment (PPE) is required due to the absence of any community cases of COVID-19. Fiji has not recorded a community case of COVID-19 in more than 230 days. While there are currently no COVID-19 travel restrictions in place, FRCS will ensure that volunteers adhere to COVID-19 health and hygiene protocols during the response.

Health Outcome 6: The psychosocial impacts of the emergency are lessened		
Indicators:	Target	Actual
# of people reached by Psychosocial support (PSS)	1,000	134
Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff		
Indicators:	Target	Actual
# of staff/volunteers briefed/trained on psychological first aid (PFA)	200	15
<p>A key lesson learnt from previous disasters, particularly TC Winston, was the need for psychosocial support (PSS) and psychological first aid (PFA). TC Yasa passed directly through the province of Bua and parts of Macuata and Cakaudrove. In the meantime, TC Ana affected both Viti Levu and parts of Vanua Levu with heavy rainfall and flooding of homes and villages. As majority of people in these areas rely on farming, the reported extensive damage to vegetation and crops meant that they have not only lost their homes but also their livelihood. As such, there is an increased need for PSS.</p> <p>An immediate short PSS training was conducted by IFRC health lead for FRCS EOC staff and team leaders going to the field. Further training for branch volunteers on PFA is needed to ensure volunteers can fill in the assessment form and provide support on the ground and among their peers. Through the DREF, the FRCS will engage two counsellors (west, mostly covering maritime areas, and the north) for six months to conduct PSS support in the worst affected areas. There is still a great need for PSS for volunteers responding to disasters. The IFRC also provides post response PSS sessions for all staff and volunteers involved in the response with FRCS. The IFRC assists FRCS in training all volunteers involved in the response for PFA.</p>		

	<p>Water, sanitation and hygiene</p> <p>People reached: 9,083</p> <p>Male: 4,701</p> <p>Female: 4,382</p>	
Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities		
Indicators:	Target	Actual
# of households reached with key messages to promote personal and community hygiene	4,163 (2,506)	2,004
Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities		
Indicators:	Target	Actual
No. of assessments/monitoring visits undertaken and shared.	50	Ongoing
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 families reached with household water treatment and storage awareness using existing IEC material based on IFRC's Household Water Treatment and Storage in Emergencies	4,163 (2,506)	2,004
# of families provided with water containers/jerry cans (two per family)	4,163 (2,506)	4,265
# of household water supply systems repaired and cleaned	100	Planned
# of rainwater harvesting and gravity-feed systems installed	5	Planned
Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to the target population		
Indicators:	Target	Actual
# of toilets repaired	100	De-prioritised
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	20,806 (12,531)	7,371

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	4,163 (2,506)	2,004

Progress towards outcomes

- Coordination with the WASH cluster co-leads – Fiji Ministry of Health and UNICEF – to establish an efficient data-sharing mechanism through a new 5Ws platform with the support of the IFRC IM officer.
- Rapid WASH assessments in Bua province were integrated with IFRC technical assessments, where 2,004 households were provided with hygiene kits⁷ and 20-litre buckets with lids.
- 4,265 households provided with water containers/jerry cans.
- 1,939 households provided with dignity kits⁸ and 20 litre buckets with lids.
- 7,371 households provided with leptospirosis, typhoid, dengue fever, diarrhoea (LTDD) awareness.
- Distribution of 2,400 water flasks for school children to fill clean drinking water. A further 1,200 to be distributed, currently on hold due to COVID-19 restrictions
- Provision of 15 cleaning kits⁹ per branch to assist in the community clean up in villages targeted for LTDD awareness.

Staff and volunteers involved in the response are briefed on basic WASH awareness in emergencies.

Hygiene awareness and messaging was not conducted by volunteers during the relief distribution operation due to the limited time in the communities. The LTDD awareness was conducted in as part of health activities led by the FRCS WASH focal point. The IEC materials translated to the main Fijian languages were printed and distributed with the awareness sessions. The LTDD awareness will continue in those communities impacted by TC Ana. Communities are also advised to refer to the nearest Red Cross branch or any community-based volunteer for any further questions and suggestions towards interventions done in their community. All IEC materials include contacts and addresses of the national office and the two divisional service centres based in the West and the North.



Arriving for relief distribution, Macuata, Vanua Levu (Photo: FRCS)

The scope and targeting of WASH hardware support will be based on a review of the WASH cluster 5Ws reporting, coordination with WASH partners and detailed assessments. Based on positive recipient feedback from the TC Harold response, FRCS have identified that the most appropriate water hardware support to communities is community and household water storage, using local supplies of 5,000 and 10,000 litre tanks and table-top household water filtration systems. Early consultation with the Water Authority of Fiji (WAF) in Bua province highlighted the potential for FRCS to support communities with hardware that could be installed with technical support from WAF. WAF response data is now available on the WASH Cluster 5Ws database and FRCS met with WAF at headquarters level to coordinate.

Coordination with northern divisional and provincial authorities confirmed the request for WASH support in the form of water tanks. The FRCS deployed the WASH focal point to conduct technical assessment to confirm number of supported water tanks. The provincial water authority supported the assessment. Memorandum of Understanding (MoU) was signed with each community to confirm they would provide gravel and support the building of bases for the water tanks. Through coordination with the provincial government and WAF, a total of 71 water tanks (10,000 L and 5,000 L) were confirmed for phase one, and the procurement was completed prior to operation suspension because of the restrictions currently in place by the Fijian government due to the outbreak of Covid.

The recovery assessment analysis conducted by FRCS also identified a further 92 household water tanks for support in phase two of WASH early recovery activities. Unfortunately, the operation was suspended before FRCS could deploy personnel to conduct the technical assessment required to confirm numbers and detailed placement of water

⁷⁷ Each hygiene kit consists of 12 body soap, 1 kg laundry soap, 1 kg washing powder, 3-piece bath towel, 6 toilet paper rolls, 2 toothpaste tubes, 6 toothbrushes, 1 pack wet wipes, 1 litre bleach, 1 pack garbage bag, 5 disposable razors, 2 solar lamps, 1 coconut oil bottle, 1 gas lighter, 1 mosquito repellent, 1 plastic bucket (20L).

⁸ Each dignity kit consists of 30 sanitary pads, 2 body soaps, 1 toothpaste tube, 1 toothbrush, 2 sulu wraps, 1 bath towel, 1 sulu l ra (women's skirt), 2 t-shirts, 2 combs, 1 torchlight, 1 pack batteries, 2 women underwear, 1 pair flip flop, 1 plastic Ziplock, 1 plastic bucket

⁹ Cleaning kits include: wheelbarrow, fork, pinto poly rake, cane knife, spade, bucket, broom and handle, plastic water broom, hose, tap adapter

tank. Procurement of the water tanks and the materials for base and fittings will occur once the current restrictions due to COVID-19 are lifted.

The activity for water tank support to communities and households will be implemented through funding from other donors. This will be complimentary to the planned activity supporting rainwater harvesting and repairs to water supply within this operation.

Initial priority for water filter distribution was provided to primary schools and early childhood education centres. To date a total of 437 water filters have been provided to classrooms in 87 schools in Vanua Levu. The next priority is to provide water filters to affected households based on the analysis of the recovery assessment. Up to 325 households were identified for this support. These household lacked access to clean water and met the targeting criteria (PLWD, single headed households, elderly 70+). Local procurement and distribution are planned to occur when the situation allows, once current restrictions from the COVID-19 outbreak are lifted.

The only change to the WASH activities is that FRCS have de-prioritised the repair/construction of household latrines. The Ministry of Health is undertaking construction of latrines in the communities targeted by FRCS, and the FRCS has limited technical capacity in this area. The budget allocated for household latrines is to be reallocated to increase the number of community and household water tanks being supported by FRCS.



Protection, Gender and Inclusion

People reached: 4,097

Male: 2,091

Female: 2,006

PGI Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.

Indicators:	Target	Actual
Distribution of dignity kits, baby kits and disability kits to those in need	500	513 dignity kits 181 baby kits

Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.

Indicators:	Target	Actual
Does the operation demonstrate evidence of addressing the specific needs to ensure equitable access to disaster response services?	Yes	Ongoing

Progress towards outcomes

Initial assessments from national situational reports and aerial images have indicated several areas of interest for Protection, Gender and Inclusion (PGI). In the most seriously affected communities, families have lost their homes and livelihoods which may increase risk to social issues, exposing vulnerable people to further risk. With several evacuation centres still operational, minimizing exposure to risk is crucial to avoid further harm to those already affected. People experiencing family violence, persons with disabilities, people identifying as LGBTQIA+, elderly and children are at greatest risk if protection and inclusion is not effectively integrated throughout the response.

The FRCS previously trained approximately 40 volunteers from its three main divisions (North, West & Central-Eastern) on PGI mainstreaming during an emergency. Other topics included Sexual and Gender Based Violence (SGBV), and Child Protection and Prevention of Sexual Exploitation and Abuse.

In line with the above, FRCS incorporates Sex, Age and Disability Disaggregated Data in its initial assessments to better capture the needs of people affected and tailor their response with the aim of meeting such needs. Collection of data will assist FRCS in identifying vulnerable groups which may need further intervention and protection.

To assist in safeguarding people, FRCS provided SGBV referral IEC materials in the form of a pocket cards containing pertinent information and contact of essential service providers such the legal services, police, medical and counselling.

Local procurement was completed for a further 200 baby kits and 200 disability kits. These kits are ready for distribution based on the analysis of the secondary assessment conducted by FRCS. Unfortunately, these kits were

could not be transported from Suva to the branches for distribution due to current Covid restrictions in place. These items are a priority for distribution as soon as the restrictions are lifted.

Local procurement is also in progress for 1,244 family kits for replenishment of pre-position stocks.

To support the WASH community water tanks installation, solar streetlights are also under procurement. The solar streetlights will be placed with each water tank to provide safe lighting for the community water points. This procurement will be completed once the current restrictions are lifted.

Strategies for Implementation

Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform.

Indicators:	Target	Actual
# of NS volunteers that receive briefing and trainings	250	Ongoing

Output S1.1.4: National Societies have effective and motivated volunteers who are protected.

Indicators:	Target	Actual
# of NS volunteers that are insured	250	Ongoing

Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced

Red Cross actively contributes to shelter coordination	Yes	Yes
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Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.

Indicators:	Target	Actual
IFRC and NS are visible, trusted and effective advocates on humanitarian issues.	Yes	Yes

Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues

NS is pro-active on social media	Yes	Yes
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Indicators	Target	Actual
Programmatic reach is expanded (Target: yes)	Yes	Ongoing

Output S4.1.4: Staff security is prioritized in all IFRC activities

BCP is activated and actively monitored	Yes	Yes
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Progress towards outcomes

FRCS currently has 228 active and insured volunteers of which 64 are currently engaged in the response. It is anticipated that a total of 250 volunteers will be needed for the response. A volunteer drive conducted after TC Yasa attracted over 1,300 applications. FRCS is currently reviewing applications and will identify people with skills and experience in communications, counselling, health, wash, first aid, shelter and logistics. The FRCS is providing ongoing inductions to new volunteers, and an IFRC youth and volunteer senior officer is providing support to FRCS to scale-up their volunteer management supports and systems.

As volunteer insurance will expire in December, DREF funds will provide insurance coverage for 250 volunteers from January 2021. The selected volunteers will undergo volunteer inductions with the support of the IFRC senior youth officer.

The IFRC CCD Suva shelter team continues to support coordination of the Fiji shelter cluster, and to represent the Pacific shelter cluster as a part of the Pacific Humanitarian Team (PHT). To date, two shelter cluster meetings have been held for this response (with IFRC supporting the government lead, the Ministry of Housing and Community Development, and joint co-lead Habitat for Humanity Fiji). Regular contributions have been made to the coordination meetings for the PHT and national-level inter-cluster coordination meetings organized and chaired by the Fiji NDMO. Information management support by IFRC was also provided to the Fiji shelter cluster in the form of the dissemination and collation of 5Ws for the TC Yasa / Ana response, which highlighted needs, gaps and geographical working areas of shelter agencies in Fiji. A webpage has been set up for this response on the Global Shelter Cluster website <https://www.sheltercluster.org/response/tc-yasa-2020>.

The FRCS has been contributing to many publications, news outlets, media and interviews to communicate the current situation and what the Red Cross is doing in its response. Social media is being actively updated and tracked. FRCS is actively contributing to national coordination mechanisms and planning.

The programmatic reach of the FRCS is being expanded through the CVA assessment currently underway, and through ongoing improvements to EOC procedure and capacity building support provided to the branches on a daily basis.

The IFRC BCP was successfully activated from 15 December till 20 December 2020 when it returned to the white phase with no damage or injuries to IFRC staff or assets.

D. Financial Report

Budget allocation CHF 676,325. Financial report is issued and [attached](#) in the DREF Operation Update.



Click here for:

- [Imminent DREF Operation](#)

For further information, specifically related to this operation please contact:

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- **In IFRC Asia Pacific Regional Delegation:** Alice Ho, partnerships in emergencies coordinator; email: PartnershipsEA.AP@ifrc.org

For planning, monitoring, evaluation and reporting (PMER) enquiries

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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**.

DREF Operation

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/12-2021/5	Operation	MDRFJ005
Budget Timeframe	2020/12-2021/6	Budget	APPROVED

Prepared on 17/Jun/2021

All figures are in Swiss Francs (CHF)

MDRFJ005 - Fiji - Tropical Cyclone Yasa

Operating Timeframe: 16 Dec 2020 to 30 Jun 2021

I. Summary

Opening Balance	0
Funds & Other Income	676,325
DREF Allocations	676,325
Expenditure	-312,658
Closing Balance	363,667

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction		259	-259
AOF2 - Shelter	129,943	2,410	127,532
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	48,500		48,500
AOF5 - Water, sanitation and hygiene	202,762	14,433	188,329
AOF6 - Protection, Gender & Inclusion	54,584		54,584
AOF7 - Migration	479		479
Area of focus Total	436,269	17,102	419,167
SFI1 - Strengthen National Societies	143,823	262,704	-118,881
SFI2 - Effective international disaster management	88,805	29,089	59,716
SFI3 - Influence others as leading strategic partners	6,949	2,802	4,147
SFI4 - Ensure a strong IFRC	479	960	-481
Strategy for implementation Total	240,056	295,555	-55,499
Grand Total	676,325	312,658	363,668

DREF Operation

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/12-2021/5	Operation	MDRFJ005
Budget Timeframe	2020/12-2021/6	Budget	APPROVED

Prepared on 17/Jun/2021

All figures are in Swiss Francs (CHF)

MDRFJ005 - Fiji - Tropical Cyclone Yasa

Operating Timeframe: 16 Dec 2020 to 30 Jun 2021

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	370,762	16,844	353,918
Shelter - Relief	78,525	2,587	75,938
Clothing & Textiles	11,677	1,313	10,363
Water, Sanitation & Hygiene	229,654	2,897	226,757
Medical & First Aid	2,430		2,430
Teaching Materials	4,050		4,050
Utensils & Tools	15,462		15,462
Other Supplies & Services	28,964	10,046	18,918
Land, vehicles & equipment	1,125	1,294	-169
Computers & Telecom	1,125		1,125
Office & Household Equipment		1,294	-1,294
Logistics, Transport & Storage	82,305	24,697	57,608
Storage		3,550	-3,550
Distribution & Monitoring	51,210		51,210
Transport & Vehicles Costs	19,575	21,147	-1,572
Logistics Services	11,520		11,520
Personnel	89,595	74,443	15,152
National Society Staff	20,520	26,799	-6,279
Volunteers	69,075	47,644	21,431
Workshops & Training	21,915	54	21,861
Workshops & Training	21,915	54	21,861
General Expenditure	69,345	13,023	56,322
Travel	12,375	3,434	8,941
Information & Public Relations	10,395	3,514	6,881
Office Costs	6,075	2,336	3,739
Communications		322	-322
Financial Charges	450	486	-36
Other General Expenses	40,050	2,932	37,118
Operational Provisions		163,220	-163,220
Operational Provisions		163,220	-163,220
Indirect Costs	41,278	19,082	22,196
Programme & Services Support Recover	41,278	19,082	22,196
Grand Total	676,325	312,658	363,668