

DREF Final Report

Fiji/Pacific: Tropical Cyclone Yasa/Ana

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DREF n° MDRFJ005	GLIDE n° TC-2020-000238-FIJI
Final Report; Date of issue: 28/02/2022	Operation timeframe: 11 months
Operation start date: 16/12/2020	End date: 30/11/2021
DREF allocated: CHF¹ 676,325	
N° of people being assisted: 40,523	
Red Cross Red Crescent Movement partners actively involved in the operation: The Fiji Red Cross Society (FRCS) operates through its branches across all four districts (Northern, Western Eastern and Central). The country cluster delegation (CCD) in Suva and the International Committee of Red Cross and Red Crescent Societies (ICRC) sub-regional office worked closely with FRCS. The New Zealand Red Cross (NZRC) and the Australian Red Cross (ARC) provided human resources, surge support and in-kind relief items.	
Other partner organizations actively involved in the operation: Fiji Red Cross worked closely with the Fiji National Disaster Management Office (NDMO) and the local sectoral coordination (cluster) system, Ministry of Health and Medical Services (MHMS), and other major government actors throughout the response as well as Medical Services Pacific (MSP) for counselling. Other partners involved in the response included 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.	

A. SITUATION ANALYSIS

Description of the disaster

Tropical Cyclone (TC) Yasa made landfall on 17 December 2020 as a Category 5 cyclone, causing extensive damage across Vanua Levu, with estimates of 97,000 people affected. It was the most destructive cyclone since TC Winston in 2016. Just over a month later, on 30 January 2021, TC Ana made landfall as a Category 2 cyclone across Vanua Levu and Viti Levu, heavily damaging crops, weakening house structures and causing power failures. Significant flooding, accompanied by extremely high seas and storm surges, caused coastal inundation. A day later, on 31 January 2021, TC Bina emerged and brought more rain. The accumulated rainfall from all three tropical cyclones caused extensive flooding across all four divisions and left urgent needs in shelter, health, WASH, and livelihoods; specifically, access to clean water and the risk of leptospirosis, typhoid, dengue, and diarrhoea (LTDD). The worst impacted communities were in Macuata and Cakaudrove, which were still recovering from TC Yasa. A total of 14,755 evacuees in 422 evacuation centres were supported as part of the early warning and response. Click [here](#) to see affected areas from TC Yasa and TC Ana pathways across Viti Levu. Access in the Northern division was initially a challenge during the response period due to severely damaged roads, continuous cyclones, flooding, and poor weather. Access was further restricted due to the COVID-19 outbreak.

During this operation, significant challenges were faced due to the widespread community transmission of COVID-19, which started in mid-April 2021. A total of 52,009 COVID-19 cases and 673 deaths were recorded between April and October, although it is assumed numbers were much higher due to lack of testing. During this time, the Fiji government put in place significant restrictions, with movement restrictions across several containment zones throughout the main island of Viti Levu and stopping all inter-island travel, including to key cyclone-affected areas in Vanua Levu.

¹ CHF= Swiss Franc

International flights and most domestic flight routes in Fiji were suspended, alongside domestic shipping (apart from essential supplies) and ferries between islands. Between April and August, there was a curfew between six p.m. and four a.m., and less stringent curfews have continued since that time. The restrictions put in place by the Fiji Government to contain the spread of the COVID-19 virus meant that the Fiji Red Cross Society (FRCS) TC Yasa/Ana operation was effectively suspended from mid-April until mid-September. There was no ability to move personnel or logistics from the main island of Viti Levu to the operational areas on Vanua Levu, which were the most affected by TC Yasa and TC Ana. This significantly delayed completion of critical activities for the FRCS TC Yasa/Ana operation. However, following coordination and protracted negotiation with the NDMO and MHMS, FRCS finally gained an exemption to travel across containment zones in September, enabling the deployment of a team to relaunch remaining activities (WASH, LTDD, CVA) whilst following stringent COVID-19 protocols. These activities were still needed as the economic and health situation deteriorated over the past year, compounded by the elevated hygiene risks from COVID-19 and the upcoming cyclone season.

Significant supply chain issues were also faced in Fiji, as in other parts of the world – impacting the ability of FRCS to access critical WASH materials (cement, guttering, wiring) stuck at the border. The procurement, pre-positioning and distribution of shelter support kits was also delayed due to the inability to procure all items on time.

Summary of the response

Overview of Host National Society

FRCS was very active in monitoring the cyclone tracking forecast and disseminating early warning messages within its community network. FRCS mobilized its branches via division managers (DMs) to prepare communities. Below were some preparatory actions taken by communities for both TC Yasa and Ana:

- Activation of the FRCS National Emergency Operation Centre (EOC) and coordination with divisional and branch EOCs, which were supported by Community-based Emergency Response Teams (CERT).
- Support local authorities in the establishment and management of evacuation centres and activation of the RFL service nationally with the support of ICRC.
- Volunteer mobilization for initial assessments and distributions after both TCs passed and the all-clear was given.
- A team from FRCS headquarters travelled to Bua province on 20 December 2020, to assist volunteers conducting initial assessments with support from IFRC staff in WASH, Shelter, CVA and Health.
- A detailed assessment was conducted from mid-February until early March using revised assessment forms and piloting the use of Kobo. Analysis of this assessment was used to plan the early recovery activities to be implemented for WASH, shelter, health and PGI support activities, and CVA.
- Restocking essential household items from 3 February 2021 in the Western division, specifically in Nadi, Lautoka, Tavua, Rakiraki and Nalawa, was completed. Replenishment continued throughout the response as procurement was completed despite movement restrictions.
- LTDD activities were supported in collaboration with the Ministry of Health and the distribution of mosquito nets to control vector diseases. This was done in both face-to-face sessions at the household and community level and through social media and radio use when physical distancing restrictions were put in place.
- WASH activities were delayed due to COVID-19 movement restrictions, as the technical teams could not travel from Suva to the Northern division. Supply chain issues also caused delays in getting all the necessary equipment on time.
- CVA was also delayed due to COVID-19 movement restrictions on getting an FRCS team from headquarters trained and in place in the north to implement the program.

The following staff and volunteers were deployed as part of the emergency response.

Total Staff and Volunteers deployed			
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

Overview of Red Cross Red Crescent Movement in-country

The IFRC country cluster delegation CCD in Suva initially supported FRC to launch an imminent DREF and supported FRCS on revising after the initial damage assessments from TC Yasa. A further revision of the response strategy was undertaken to include the TC Ana response. Support was provided by IFRC in health, WASH, shelter, cash voucher

assistance (CVA), protection gender and inclusion (PGI), first aid, logistics, communications, volunteer management, communications, planning, monitoring, evaluation, and reporting (PMER) and operations/coordination. The FRCS RFL programme, which ICRC supported, operated during the TC Yasa response and was also activated during the TC Ana response. The International Committee of Red Cross and Red Crescent Societies (ICRC) sub-regional office provided support to the FRCS in Restoring Family Links (RFL) equipment and personnel support in the affected areas. The New Zealand Red Cross (NZRC) deployed an operations manager on secondment to IFRC for eight months to support FRCS. NZRC also provided remote information management (IM) and PMER support. The Australian Red Cross (ARC) provided surge support in communications and water, sanitation and hygiene (WASH). Both NZRC and ARC provided in-kind relief items.

Overview of non-RCRC actors in country

Following the cyclones, the Fiji Police Force and Fiji Military Forces were on call around the country to assist with evacuations to local schools used as evacuation centres. 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 occupying school buildings were relocated to other evacuation centres or returned to their own homes by 7 February 2020 to enable children to resume school on 8 February 2020. FRC prioritized support to those in the evacuation centres.



Needs assessment in Bua, Vanua Levu. Photo: FRCS

The COVID-19 outbreak in Fiji in 2020 and 2021 resulted in the government putting in place restrictions, including tightening curfew hours and establishing containment zones, especially in Viti Levu, suspending international flights and domestic flights, and shipping and ferries between islands, except for essential supplies. Henceforth, vaccination of the eligible population has been the main strategy to contain the spread of the virus. As of 22 October 2021, it was reported that approximately 95.9 per cent of the target population (eligible adults) had received at least one dose of the COVID-19 vaccine and 84.4 per cent of eligible adults were fully vaccinated. More recently, the vaccination programme has been extended to older teenagers. When businesses reopened in October 2021, permits were required and they had to follow specified protocols, including all staff being vaccinated, and people needed to provide proof of vaccination to gain access to most services.

FRCS is part of the National Emergency Operation Taskforce, and the FRCS Director-General has regularly attended coordination meetings and briefings. There was close coordination and planning with the Divisional Commissioners, Provincial Administrators, and District Authorities, including MHMS, Disaster Management Committees, and Disaster Preparedness Committees. Coordination with NGOs was ongoing through the local clusters and other coordination groups, such as the Fiji Cash Working Group (FCWG).

Needs analysis and scenario planning

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. Most damages occurred 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 40 per cent of the communities in the West, Central, and Northern divisions needed safe water for drinking and hygiene². This equated to roughly 25,000 people (5,000 households). According to the WASH cluster, as of 1 February 2021, 3,241

² OCHA.2021. *Fiji: Severe Tropical Cyclone Yasa Situation Report No. 06 as of 06 January 2021*. Extracted on December 2021 @ <https://reliefweb.int/report/fiji/fiji-severe-tropical-cyclone-yasa-situation-report-no-06-06-january-2021>

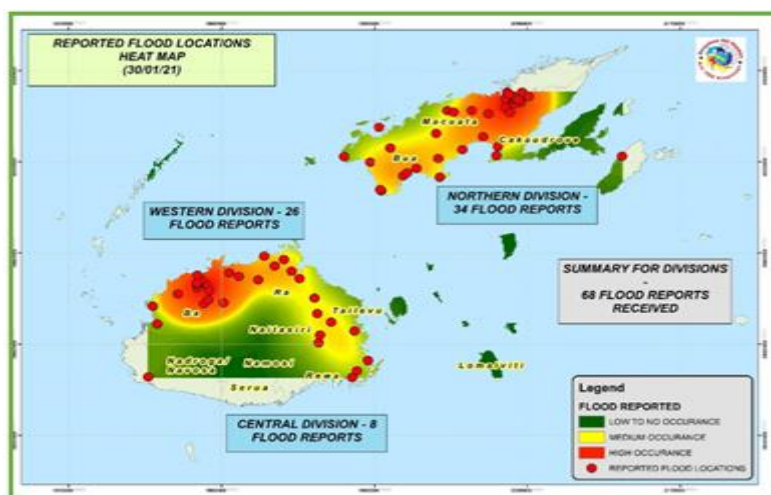
households were still in need of WASH support. The government reported that TC Yasa impacted 12,000 farmers and the agriculture sector suffered 150 million Fijian dollars (CHF657,750) worth of damages.

The Imminent DREF operation for TC Yasa initially targeted 17,698 people across all four districts based on the forecasted TC path and the projected impact using 2017 census data. The operation was then updated after TC Yasa's impact on 23 December based on the initial damage assessments conducted by FRCS to target 12,530 people (2,506 households). The focus was on the provinces of Bua, Macuata and Cakaudrove, Lau, and the districts of Koro in Lomaiviti, and Yasawa in Ba for shelter and WASH needs.

Targeted people/households (HH) affected by TC Yasa								
Division	Province	Male	Female	Total Population	% of damage	# of people affected	# of people affected to be supported by FRCS	# of households affected to be supported by FRCS
Western	Ba (Yasawa)	1,165	1,061	2,226	30	668	668	134
Northern	Bua	8,028	7,461	15,489	70	10,842	2,168	434
Northern	Cakaudrove	26,309	24,138	50,447	30	15,134	3,027	605
Northern	Macuata	33,182	32,796	65,978	40	26,391	5,278	1,056
Eastern	Lau	5,117	4,422	9,539	40	3,816	763	153
Eastern	Lomaiviti	8,101	7,556	15,657	20	3,131	626	125
Total		81,902	77,434	159,336	n/a	59,982	12,530	2,506

As of 29 January 2021, FRCS had reached a total of 11,694 people (2,564 households) through its TC Yasa response, with 11,266 (2,500 households) reached through shelter assistance, including essential household items, 5,997 (1,260 households) through health, 9,083 (2,004 households) through WASH and 4,097 (854 households) with Protection, Gender, and Inclusion (PGI). A total of 10,915 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.

Days later, TC Ana hit. The Global Disaster Alerting Coordination System (GDACS) estimated 310,000 people (1 February, GDACS). FRCS estimated that 82,751 people (16,550 households) were severely affected by TC Ana. Considering other actors in the country, FRCS revised its operation to reach approximately 10 per cent of the most affected people in the worst impacted regions (Northern, Western and Central districts) - a total of 8,276 people (1,656 households).



Flood occurrence report based on divisions. Source: NDMO

This revised targeting was based on initial damage assessments completed by FRCS and supported by the mapping of the 68 floods reported. See flood heat map (NDMO, 30 January 2021). It was established that the 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. Therefore, the operation was expanded to reach 20,806 people (4,163 households) in all four Divisions (Northern, Western, Central, and Eastern) focusing on shelter, health, and WASH, with a small pilot in CVA planned. See the revised plan below.

Targeted affected people/households (HH) by TC Yasa and TC Ana								
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 (Wainibuka only)	3,759	-	-	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

Risk Analysis

The main risks for the response were posed by blocked waterways, roads, and bridges due for clean-up, lack of functioning infrastructure (mainly water, transportation, and power), and the number of evacuees in evacuation centres. Successive disasters and an inability to recover between them was faced, as was a high risk of COVID infection. The following risks were considered for the TC Yasa and TC Ana response and mitigated by the actions below.

Hazardous Events	Risks and Impacts	Response
Flooding and landslides	<ul style="list-style-type: none"> • People sharing a shelter with others increased potential risk of Sexual Gender-Based Violence (SGBV) • Increase in WASH problems leading to health issues due to lack of water access • 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, diarrhoea, typhoid, and leptospirosis) • Livelihoods destroyed (food crops, specifically Kava) 	<ul style="list-style-type: none"> • Monitoring of evacuation centres for safety risks and referrals provided • Provision of emergency shelters, blankets, water containers, and tarpaulins for affected people to return home as soon as possible • 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 • Messaging and community awareness on Leptospirosis, Typhoid, Diarrhoea, and Dengue (LTDD) • ICRC was ready to provide support to FRCS in dead body management if required • CVA assessment, coordination, and planning
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 packs³ (i.e., family kits of clothing, sheets, household items), shelter tool kits, and tarpaulins, alongside safe shelter awareness-raising to repair homes • Identification of clear and safe evacuation routes • First Aid trained volunteers to respond to injuries
Debris blocking access and waste/debris in communities and houses	<ul style="list-style-type: none"> • Blocked waterways blocked roads and bridges, and standing water increased mosquito breeding places • Safety risk to communities that were inaccessible • Health risks due to standing water, waste, and debris in houses and communities 	<ul style="list-style-type: none"> • Engagement with local authorities like National Fire Authority (NFA) and Fiji Roads Authority (FRA) • Provision of mosquito nets and messaging on safe usage, storage, and disposal of LLIN (insecticide-treated) • Volunteers active in their respective communities assisting the affected population using cleaning kits

³ 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.

Power outage and water cuts	<ul style="list-style-type: none"> low lighting increases safety and security risks, especially to vulnerable individuals Breakdown of communication networks (radio, mobile network etc.) 	<ul style="list-style-type: none"> Provision of solar lamps Provision of jerry cans and buckets to get and store water Face-to-face engagement through community networks to share awareness messaging and monitor risks and needs
Evacuation centres open	<ul style="list-style-type: none"> Challenges with social distancing in evacuation centers and inability to comply with COVID-19 best practice Unsafe conditions, lack of privacy, security, and dignity for the most vulnerable especially women/children PWDs, etc. 	<ul style="list-style-type: none"> Online messaging and support on safety, protection, psychosocial support, and community, and household preparedness Distribution of information, education, and communication (IEC) materials on COVID-19 precautionary measures
health risks to volunteers during response	<ul style="list-style-type: none"> Increased risk of injuries due to fallen debris, increased risk of LTDD and health issues increased exposure to mosquitos due to standing water in communities 	<ul style="list-style-type: none"> Provision of first aid kits to each assessment team Provision of gumboots and raincoats to protect volunteers while walking through deep water and rain Provision of mosquito repellent to volunteers reduce vector-borne disease transmission
COVID-19 risk of infection	<ul style="list-style-type: none"> Risk of COVID-19 community spread to other islands and communities 	<ul style="list-style-type: none"> See the narrative below and the FRC COVID-19 National Society Response plan (NSRP) for more details on work done by FRC to mitigate risks, given the large-scale outbreak that occurred in Fiji.

The most significant risk during this operation was COVID-19 transmission. To minimize the risks to staff and volunteers of COVID-19 infection, FRCS undertook the following:

- Provision of sufficient personal protective equipment (PPE) for staff volunteers, including at branch level.
- Training and awareness-raising on good hygiene practices.
- Development of a 'COVID-19 Disaster Response Guideline' with particular consideration to cyclone responses and training on COVID-19 safe programming.
- Development of new protocols for the offices, for work in the communities, and with the Ministry of Health and Medical Services (MHMS).
- Implementation of practices/processes to support remote engagement where possible, e.g., software to support online meetings.
- Compliance with government restrictions, including the lockdown and curfew in Viti Levu curfew, which was in place for much of the response period.
- Encouragement for staff and volunteers to get vaccinated, and development of messaging to counter anti-vaccination fears and misinformation.

The COVID outbreak in Fiji created significant delays in the operation due to the movement restrictions, which limited additional staff travelling to the north to support the operation. There were only two staff in the northern division supported by volunteers. Unfortunately, these staff and volunteers did not have the technical skills to complete the WASH and CVA activities. FRCS negotiated an exemption to address this risk, which enabled it to deploy a small team to provide technical support to implement the remaining activities. The team of five staff were fully vaccinated and then completed the requisite 14 days quarantine in a government-approved facility in Vanua Levu during mid-September. The ongoing close coordination with the Fiji government, particularly the National Disaster Management Office and the Ministry of Health and Medical Services (MHMS), supported FRC to complete the operation despite the delays.

Another risk was that FRCS had not previously conducted cash or voucher assistance. CVA was included in the plan as a pilot and supported by USAID funding. The COVID-19 restrictions also meant the IFRC Cash Delegate was unable to travel to the field to support and monitor CVA activity directly, nor was he able to conduct the additional training to staff and volunteers. The risks were mitigated by providing remote training to staff and volunteers responsible for implementation, development of appropriate protocols and procedures for CVA in August and September, set up of digital registering to monitor progress. Simulation activities were conducted to ensure the required level of understanding before distributions in October. The CVA activity was significantly delayed due to COVID-19, but it was still necessary given the continued economic stress due to the lockdowns. To mitigate ongoing risks, extensive coordination and coaching between IFRC technical personnel and key FRCS staff were undertaken to ensure a clear understanding of the process and requirements. Ongoing discussions were had with the government agencies and the Fiji Cash Working

Group. Monitoring and coordination continued during implementation, and a post-distribution monitoring survey was also conducted for CVA.

B. OPERATIONAL STRATEGY

Proposed strategy

The revised DREF operation 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), this included the original 12,530 people (2,506 households) impacted by TC Yasa and the additional 8,276 people (1,656 households) affected by TC Ana. Health-related messaging also reached 40,523 people. The initial assessments following TC Ana confirmed minimal additional damage to shelter but increased health and WASH needs due to the extensive flooding.

As mentioned above, the COVID-19 restrictions resulted in delays in completing some aspects of the programme. Hence, extensions of the DREF operation until 30 November 2021 were approved to provide time to complete the remaining WASH and health activities and remaining distributions and pre-positioning of relief items at branches.

The focus of these final activities has been on Vanua Levu in the Northern division, as that was the most severely impacted by Tropical Cyclones Yasa and Ana. A small team of personnel was granted permission to deploy to Vanua Levu to provide technical support to the team in the North to implement the remaining activities. They were required to be fully vaccinated and completed 14 days quarantine at an MHMS approved location before travelling. While this caused further implementation delays, it supported the completion of most of the remaining activities.

Shelter and Essential Household items - Assessments carried out by the government and FRCS after TC Ana found minimal additional damage to homes/structures therefore, the remaining interventions focused on WASH, health, PFA, and CVA in the affected communities. Overall, 13,327 people (2,785 households) were reached with 10,500 shelter items.

Health – In the immediate aftermath of the tropical cyclones, first aid was provided by volunteers in the community, psychosocial support to 157 people and LTDD disease prevention messages were disseminated to 40,523 people. A total of 1,876 mosquito nets were distributed to 1,593 households. In addition, 777 dignity kits, six disability kits, and 26 baby kits were distributed. Health activities focussed primarily on the Northern Division and additional areas in the Western and Central Eastern divisions, which were also affected by major flooding from TC Ana.

WASH – There was widespread destruction of water and sanitation infrastructure. The response to WASH needs included the provision of 1,075 hygiene kits to 1,066 households, and 2,261 households received a total of 3,593 water containers. Hygiene promotion materials were provided to the 2,261 households in the local languages as time constraints prevented more extensive community health and hygiene messaging. A total of 67 water tanks had been procured, of which 63 have been installed as of 1 February 2022. FRCS used bilateral funding to complete the remaining installation of 4 tanks once this operation closed.

Cash Voucher Assistance - Following TC Yasa, with technical support from the IFRC cash delegate, FRCS piloted a market assessment in the most affected communities in the Northern district to identify the impact of the disaster on the markets and physical and economic access of households to these markets. The assessment found that CVA was viable for the affected areas and markets were sufficient. The modality of cash in envelopes was acceptable to recipients due to banks' distances and inaccessibility. It would have been necessary for beneficiaries to travel to Labasa or Savusavu, potentially an all-day bus ride costing around FJD 8. Furthermore, many people did not have bank accounts and/or ATM cards. Hence it was not appropriate to make the distribution by bank transfer. It also found significant coordination with the government at national and local levels, alongside coordination with other agencies, would be required for a smooth implementation. This was because some other in-country agencies were found implementing CVA without coordination with the National Disaster Management Organization (NDMO) and lacked of clarity on targeting and the cash amount to be disbursed.

To overcome government hesitancy, FRCS and IFRC worked together with the Fiji Cash Working Group (FCWG) in developing the minimum expenditure basket and the standardization of grant values. The FCWG helped build confidence in the authorities that this new program could be well-coordinated to target those in need and risks minimized

to a manageable level. The discussions increased understanding of the CVA process and acted as a sharing hub for practitioners on experiences and ensure accountability.

Implementation was then delayed due to COVID-19 restrictions in April. FRCS reinitiated discussions with NDMO in September. Due to the long delay, a market analysis was completed again in early September, and prices were monitored. At this time, the small team from FRCS headquarters that was quarantining to prepare for their travel to the north completed daily remote training/briefings with the IFRC cash delegate. The Cash Learning Partnership (CaLP) Level 1 CVA training was used to develop core competencies in CVA including assessment, planning, distribution, and post-distribution monitoring. IFRC also provided training on data collection using KoBo toolkit software (data management software). FRCS has traditionally used paper-based data collection. Digitizing the data collection process helped reduce the processing time and allowed for real-time monitoring of registration and distributions.

Protection, gender, and inclusion - Sex, age, and disaggregated data were collected to ensure no one was left behind or left unsafe from FRCS response and interventions. From the assessments, FRCS provided relief items to support specific needs to promote inclusivity, including specialized baby kits⁴ and persons with disabilities (PWD) kits⁵. The latter was used to assist elderly bedridden citizens. FRCS distributed kits in areas of the Northern division that were affected by both TC Yasa and TC Ana and communities newly affected by TC Ana, particularly around the Western and Central divisions. Information sessions taught recipients how to engage services confidently, including accessing child protection, gender-based and domestic violence referral pathway options available on the ground in their respective divisions, including the National Toll-Free Child Helpline and the National Domestic Violence toll-free contact number. To assist in safeguarding people, FRCS provided SGBV referral IEC materials in the form of a pocket card containing pertinent information and contacts for essential service providers such as legal services, police, medical and counselling.

Community engagement and accountability included rapid assessments and secondary assessments, post-distribution monitoring (PDM), monitoring of social media, two-way communication between the branch and community leaders and members, and reporting via the CERTs to branches onward to divisions to headquarters. Monitoring missions were also carried out to verify coverage, address any gaps and discuss the suitability of the services/items received

FRCS conducted a rapid needs assessment during the initial response phase to guide relief distribution. FRCS subsequently conducted a secondary assessment to confirm affected communities' ongoing needs and inform further FRCS support. Particular attention was given to obtaining disaggregated information and ensuring the needs of the most vulnerable were identified to assist with targeting support. FRCS ensured that it prioritized the most vulnerable groups throughout the operation, including people living with a disability, seniors (70 years plus), single-headed households, and pregnant mothers. As part of the detailed needs assessment, a social worker joined the team and identified those with disabilities or particular needs. This information was passed onto the protection cluster, and referrals were provided where appropriate.

For WASH, targeted needs were further identified through engagement with Northern divisional and provincial authorities and community technical assessment that determined the needs for improvements to community water supplies in targeted affected communities.

For PGI, needs were identified during the detailed community needs assessment in December 2020. This included repairs to some latrines through the WASH programme, which would benefit these target groups; however this activity was later cancelled.

For targeted CVA, trained FRCS team members visited targeted affected communities to validate information received earlier and confirm the current needs of vulnerable members from the initial detailed damage information. Community information validation was conducted through observation, household-level discussion, and key informants' meetings with community leaders. The validated information helped identify the most appropriate method of cash in envelopes distribution as many people do not have bank accounts and/or ATM cards.

Procedures were in place for managing community feedback and complaints. A post-distribution monitoring (PDM) survey was conducted to solicit feedback on the relevancy and usefulness of the CVA and LTDD activities and was

⁴ 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.

⁵ Disability kits include socks x 2 pcs, flashlight, t-shirt x 2, toothpaste and toothbrush, sulu wraps x 2, soap x 3, plastic bag, adult diapers x 2 pkt, wet wipes x 2 pkt, latex gloves x 1 box, pressure ulcer cushion, mattress protector, both towels x 3, jerry can and reusable cup

found that almost all the respondents in the PDM reported that they were fully satisfied with the information received about the cash grant program (details of the [PDM are available here](#)). However, it was also that almost ¾ of CVA recipients did not know how to report a complaint. This highlights the importance of ensuring that information about complaints mechanisms is shared with affected communities.

Operations Support

Operations management surge support was provided from NZRC for nine months to support FRCS in strategic planning and procurement (local and international). Remote communications support was provided for two months, and logistics support for two months was also by NZRC. Community-based first aid was provided during the response and supported by an NZRC Health Delegate. NZRC also provided remote information management support during the initial needs assessment phase.

ARC supported a WASH delegate position for two months. A WASH delegate supported by the Australian Red Cross provided advice and support on water harvesting, storage, and WASH planning.



Flooding following TC Ana further damaged road access to areas affected by TC Yasa. Photo: FRCS

The DREF supported an FRCS staff in Psychosocial Support (PSS) for six weeks, an operations manager for three months, and a logistics officer during the operation timeframe. Support was also provided for the 35 staff working in the EOC during the first 20 days. The FRCS EOC was 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 for WASH/shelter, health, PSS, RFL, (three people). Other complementary funding supported FRCS divisional roles in WASH/shelter and a health officer at the national office. Support was provided to ensure the affected branches could have functional EOCs. The branches in Bua and Seaqaqa in the Northern Divisions acted as field EOCs operating out of what were previously just small branch offices. Headquarters was the EOC for the Central Division, and the West Division service manager's office coordinated the west branches. The EOC offices were not significantly damaged but required clean-up, minor fixes to windows, etc., to be functional during the response. It was also necessary to set them up as EOCs with generators, printers, basic office supplies, etc.

Logistics and NS capacity

Some of the affected areas were small remote islands in the Eastern division (Lau), while some in the Northern division were difficult to reach by land. Hence access to many of the affected communities required boat transportation, and TC Ana caused damage to road access in some areas. FRCS coordinated with authorities on joint transportation options for cost-sharing with private donors for relief goods to be transported free of charge during the immediate response. The DREF operation supported boat hire for travel to two main locations - the Northern and Eastern divisions - for follow-up distributions and to complete WASH and shelter early recovery activities. The decision to use boat travel was made in response to the lessons learned from TC Harold on the limitations in terms of access to FRCS to the remote areas. It enabled FRCS to complete assessments and deliver timely humanitarian needs.

In-kind relief supplies were donated from ARC, including 1,600 tarpaulins, 2,520 solar lamps, and 576 blankets, 350 shelter toolkits, 1,500 mosquito nets, 720 kitchen sets, and 3,285 jerry cans; and from NZRC: 2,912 blankets, 1,500 mosquito nets, 700 shelter toolkits, 2,100 tarpaulins, 1,440 kitchen sets, 2,400 jerry cans (10L), and 600 solar lamps. These contributions were critical to restocking quickly, as replenishing from the IFRC warehouse in Malaysia takes a long time.


Upon receiving the New Zealand stocks in October, they were immediately used for replenishment and pre-positioning at the headquarters, storage containers at Pacific Harbour, and respective branches. Immediately following TC Yasa, the affected branches had the capacity to support the population while more stocks were sent from storage containers and from the Central division. The stocks from the Australian Red Cross were delayed at the border due to administrative

delays and then COVID-19 delays, but when released, were pre-positioned in Pacific Harbour and have been used to complete final replenishment at the remaining branches. Local procurement for the FRCS-specific kits (dignity, black packs, baby kits, etc) and the materials for the WASH activities were completed, and the remainder pre-positioned. International replenishment included solar lanterns purchased in April. Unfortunately, due to the supply chain issues, the Goods Received Note (GRN) was not received by FRC until August. This was in the middle of the COVID outbreak and meant distribution was impossible.

As mentioned elsewhere, there were significant delays to the operation from April to October. All procurement was done with the intention to distribute. Beyond the normal variations in numbers expected to be needed versus actuals needed once the assessments were complete, this operation had a five-month delay between procurement and the actual delivery of items due to supply chain issues. In addition, COVID restrictions meant that distributions were not possible during this time for the items already in storage. FRC has storage issues, and it presented problems to manage the volume of stock meant for distribution.

This operation presented unprecedented challenges with many learnings, mostly due to the COVID19 environment and the restrictions on inter-island travel. Most of the procurement was finalized before the lockdown but was received the months after. Although FRC did receive special approval from the Ministry of Health in September/October, this was for only a limited number of people surrounding the installation of water tanks. Distribution requires a lot of resources which includes volunteers. Most of the local branch volunteers were engaged in COVID19 response activities (including vaccinations, blood donor work, etc.). Volunteer numbers were also decreased due to many past volunteers not wanting to risk contracting the virus during the peak period. The shelter kits procurement was delayed due to the inability of suppliers to get nails on the island. The supplies were delayed at the port, and the suppliers could only be delivered to FRC mid-November 2021. Once received, FRC had to put the shelter support materials together into kits, transport and distribute in the remaining two weeks of the operation. This was not possible. FRC did ship the kits across to the Northern Division in December using their own funding with the intent to distribute. However, the team found it hard to arrange for volunteers during the festive month. In January, the attention was diverted towards flooding and the COVID-19 community-based surveillance (CBS) activities.

C. DETAILED OPERATIONAL PLAN

	<p>Shelter</p> <p>People reached: 13,327 Male: 7,030 Female: 6,297</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>2,785</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># 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>2,785</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>2,785</p>
<p>Narrative Description of Achievements</p>		

The total number of people and households reached with shelter and essential household items are as follows:

Locations	TC Yasa				TC Ana				Total	Total	Total	Gr
	HH	Women	Men	Total	HH	Women	Men	Total	HH	Women	Men	To
Ba	33	59	72	131	2	7	5	12	35	66	77	
Bua	888	1,947	2,154	4,101	13	25	39	64	901	1,972	2,193	4,
Cakaudrove	572	1,297	1,503	2,800	29	66	85	151	601	1,363	1,588	2,
Lau	56	120	131	251	-	-	-	-	56	120	131	
Lomaiviti	21	36	53	89	41	106	116	222	62	142	169	
Macuata	794	1,889	2,069	3,958	262	580	623	1,203	1,056	2,469	2,692	5,
Ra	5	16	18	34	69	149	162	311	74	165	180	
Grand Total	2,369	5,364	6,000	11,364	416	933	1,030	1,963	2,785	6,297	7,030	13,

Following TC Yasa, the following emergency shelter and essential household items were distributed to 2,785 HH in the worst affected divisions (Northern, Eastern and Western divisions) with the following plan.

- 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, other than large households who needed more).

Although in practice, FRC did not distribute items as the "Standard family kit" of two tarps and one shelter tool kit and each of the household items, etc. but rather distributed items based on the needs identified on the ground. Hence the variation in numbers distributed.

The distributions were complemented by technical support and guidance from the 13 volunteers (three teams) that had received emergency shelter refresher training.

Initial distributions focused on households with severely damaged houses. A second phase of distributions of emergency shelter and essential household item was carried out four weeks after TC Yasa. Operations were halted due to the development of TC Ana and TC Bina until it was safe to resume. Distributions to the remaining households in the Western division were then resumed. During the TC Yasa and TC Ana responses, a total of 10,500 shelter items were distributed:

Locations	Shelter toolkits	Tarpaulins	Blankets	Cooking sets	Lanterns	Backpacks	Total items
Ba	22	46	27	18		14	127
Bua	259	1,212	761	335	138	484	3,189
Cakaudrove	372	602	656	433	30	519	2,612
Lau	43	79	11	46		42	221
Lomaiviti	20	88	37	38		71	254
Macuata	270	1,297	390	707	318	921	3,903
Ra	1	75	110	2	4	2	194
Total	987	3,399	1,992	1,579	490	2,053	10,500

This was broken down between the two tropical cyclones as follows:

Locations	TC Ana distributed items	TC Yasa distributed items	Total distributed items
Ba	2	125	127
Bua	20	3,169	3,189
Cakaudrove	74	2,538	2,612
Lau		221	221
Lomaiviti	163	91	254
Macuata	884	3,019	3,903
Ra	169	25	194
Total	1,312	9,188	10,500

There were 1,244 black packs of linen and clothing procured locally, which replenished pre-positioned stocks.

Detailed assessments of the north were completed after the delay caused by TC Ana. The results were analyzed and used for early recovery planning and targeting. The IFRC shelter team supported FRCS at the provincial-level by providing emergency shelter refresher training and safe-shelter awareness, and by 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.



Shelter refresher training provided to FRCS volunteers Photo: FRCS

Complementary technical support has been provided in the form of a Help for Homes booklet. These Help for Homes booklets are available in English⁶ and in the local languages of Fiji-Hindi⁷ and iTaukei⁸ (Native Fijian). The booklets have simple and contextualized Build Back Better/ Safer tips to allow a better understanding of construction principles and measures to make houses stronger and more resilient to natural disasters.

Shelter support kits were planned to be distributed as part of the build-back safer approach to increase community resilience. Unfortunately, implementation was delayed due to the COVID-19 outbreak. Once movement to Vanua Levu was possible, FRCS undertook local procurement for the shelter support kits. There was a shortage of nails, and the procurement of the kits was again delayed. The kits were packed by FRCS volunteers at National Office and transported to Vanua Levu and a distribution plan was agreed to in November. Unfortunately, distributions were not possible within the operation timeframe and have been pre-positioned for distributions within future operations⁹

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

⁶ Help for Homes booklet (English): <https://www.sheltercluster.org/pacific/documents/help-homes-tips-build-back-safer-booklet-english-version-fiji-2016>

⁷ Help for Homes booklet (Hindi): <https://www.sheltercluster.org/fiji/documents/help-homes-tips-build-back-safer-booklet-hindi-version>

⁸ Help for Homes booklet (iTaukei): <https://www.sheltercluster.org/fiji/documents/help-homes-tips-build-back-safer-booklet-itaukei-native-fijian-version>

⁹ In an extraordinary exception due to the Covid-19 lockdowns in Fiji, an agreement was made to not return the DREF funded items and instead preposition them for future disaster response.



Delivery of shelter and other relief items to remote areas was often by boat. *Photo: FRCS*

Challenges

Challenges during this response included:

- Early in the response phase, landslides, blocked roads, and ongoing bad weather presented needs assessment and relief supplies delivery challenges.
- Following the increase in COVID-19 cases, operations were suspended in late April.
- The delivery of shelter support kit items to the FRCS headquarters for packaging and shipment also delayed distribution to households because of a shortage of nails in the country.
- The successive back-to-back cyclones made the movement of items and logistics very difficult and further delayed planned activities.

Lessons Learned

Lessons learned during this response included:

- Although the Initial Damage Assessment forms are detailed and comprehensive, additional information would enable the National Society to make more targeted distributions based on identified beneficiary needs. The revision of the needs assessment has been completed for this coming cyclone season. The damage assessment forms needed to include more questions to inform early recovery/recovery programming better.
- It would be beneficial to have a pre-positioned stock of shelter support kits available for distribution alongside shelter tool kits where the damage to a house requires both. This would provide target households with the additional basic materials needed to repair their shelters.
- Materials relating to Building Back Safer techniques (e.g., Help for Homes booklet) need to be pre-positioned alongside shelter materials so they can accompany the initial distributions.
- FRCS has identified a need for additional volunteer training on needs assessment. Training has been held in anticipation of the 2021-22 cyclone season.
- This response highlighted the importance of close coordination with government agencies and departments (particularly the NDMO and Ministry of Health in times of pandemic) to expedite transport of emergency relief items to affected households and to assist households with their own self-recovery.



Health

People reached: 40,523

Male: 19,920

Female: 20,603

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

Indicators:	Target	Actual
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# of people reached by NS with services to reduce relevant health risk factors	20,806	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	48									
Narrative Description of Achievements											
<table border="1"> <thead> <tr> <th colspan="3">First aid services and health awareness messages during initial responses to TC Yasa and TC Ana</th> </tr> <tr> <th>Male (51%)</th> <th>Female (49%)</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>5,730</td> <td>5,964</td> <td>11,694</td> </tr> </tbody> </table>			First aid services and health awareness messages during initial responses to TC Yasa and TC Ana			Male (51%)	Female (49%)	Total	5,730	5,964	11,694
First aid services and health awareness messages during initial responses to TC Yasa and TC Ana											
Male (51%)	Female (49%)	Total									
5,730	5,964	11,694									
<p>Initial assessments completed after TC Yasa and TC Ana and aerial footage confirmed extensive damage to dwelling places, sanitation facilities, and water sources across the affected areas for TC Yasa and TC Ana. 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 were collected. With health facilities affected, the delivery of basic health services was disrupted. Village nurses or health workers were mobilized without resources to treat injuries immediately. Direct health impacts of TC Yasa on the affected population included treatment to injuries from collapsed buildings, wind-strewn debris, and/or existing illness. Fiji NDMO reported four deaths due to TC Yasa and increased risk of diseases arising from heavy flooding, sewage overflows, and sanitation damage.</p> <p>FRCS field assessment teams included at least one volunteer or staff trained in first aid and were provided with first aid kits. Teams were tasked with providing basic first aid for any injuries and psychosocial support if needed and requested to facilitate referrals for further medical treatment.</p> <p>The assessment teams distributed hygiene kits and jerry cans to mitigate the immediate health risks to the affected population, including the risk of typhoid due to water being contaminated by flooding. Health messaging was shared in communities, including regarding the importance of boiling drinking water and safe storage.</p> <p>FRCS volunteers supported communities in cleaning up and raising awareness on the importance of keeping their environment clean. This included procurement of 15 community clean up kits to help communities reduce hazards and LTDD kits.</p>											
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	40,523									
Health Output 4.1: Community-based disease control and health promotion is provided to the target population											
Indicators:	Target	Actual									
# of people reached with community-based disease prevention and health promotion programming	4,163	40,523									
Health Output 4.2: Vector-borne diseases are prevented											
# of mosquito nets distributed	4,163	1,876									
Narrative Description of Achievements											
<p>The extensive flooding and lack of access to clean water following the two cyclones significantly increased the risk of communicable diseases, including Leptospirosis, Typhoid, Dengue Fever, and Diarrhoea (LTDD). In addition, some families lost essential hygiene/health supplies due to damage/flooding. FRCS provided support to targeted affected families by distributing health NFIs including dignity kits, disability kits, baby kits and mosquito nets as follows:</p>											

Province	Dignity kits	Disability kits	Baby kits	Mosquito nets	IEC Materials	Cleaning kits	Total
Ba	26		1	190			217
Bua	305	5	4	364	4	1	683
Cakaudrove	35			142	1		178
Lau	29			36			65
Lomaiviti	58	1		27			86
Macuata	279		21	1,075		6	1,381
Ra	45			42			87
Total	777	6	26	1,876	5	7	2,697

The number of households and individuals benefitting from Health NFIs was as follows:

Province	HH	Males	Females	Total
Ba	195	483	503	986
Bua	465	1,268	1,151	2,419
Cakaudrove	143	432	420	852
Lau	44	106	88	194
Lomaiviti	64	179	152	331
Macuata	935	2,473	2,276	4,749
Ra	62	166	145	311
Total	1,908	5,107	4,735	9,842

LTDD prevention messaging and COVID-19 safe practice awareness-raising was provided in high-risk affected communities identified by the Ministry of Health and Medical Services. IEC materials were translated into the main local languages, printed, and distributed in the targeted communities. However, the remoteness of many communities and the blocked and damaged roads meant that volunteers did not have sufficient time in these communities to complete all of the awareness-raising activities initially planned.

Following the establishment of movement restrictions due to the COVID-19 outbreak, in-person LTDD awareness was suspended. However, health messaging continued through mass media communications (radio, television, and social media). This involved coordination with health authorities in Vanua Levu.

Once it was possible to resume operations, a further 46 communities (1,121 households) were reached with health messaging. Face-to-face sessions included messaging on the importance of cleaning up properties/compounds, frequent handwashing, covering/storing food in containers and boiling water. Printed materials relating to LTDD were distributed as part of the response in local languages. A small amount of printed IEC material remains in stock and is being held for use in future responses.

Beneficiaries of the LTDD programme were as follows:

TC Yasa

Division	Province	HH	Females	Males	Total Individuals
Central	Lomaiviti	415	1,162	1,225	2,387
Central	Tailevu	386	833	966	1,799
Northern	Bua	599	1,512	1,905	3,417
Northern	Cakaudrove	1,089	2,604	2,602	5,206
Northern	Macuata	602	1,560	952	2,512
Northern	Western	4,089	9,516	10,014	19,530
Northern	Ba	2,840	6,672	6,935	13,607
Northern	Nadroga/Navosa	275	733	761	1,494
Northern	Ra	974	2,111	2,318	4,429
Total		7,180	17,187	17,664	34,851

TC Ana

Division	Province	HH	Females	Males	Total Individuals
Northern	Cakaudrove	482	1,206	1,321	2,527
Northern	Macuata	639	1,527	1,618	3,145
Total		1,121	2,733	2,939	5,672
Grand Total		8,301	19,920	20,603	40,523

From late October 2021 onwards, LTDD messaging occurred with support from other donor funding (USAID).

Post distribution monitoring has been carried out for the LTDD disease prevention programme. The survey had a total 261 participants, where 70 per cent respondents were head of household; 21 per cent wife; 9 per cent others. The survey was conducted in three branches – in Labasa, Seaqqa in Macuata province (2512 reached), Savusavu of Cakaudrove province (2527 people reached). The KoBo tool was used in carrying out a survey where mobile Kobo survey form was used where there was internet connection while paper form survey was used where they were limited to no internet connectivity. The sample size population surveyed was 0.6% of the population reached (261/40,523). The survey was conducted as a household survey and the sample population was determined through guidance from government.

The survey identified:

- Of the 261 households surveyed across 3 branches, 252 reported receiving information about LTDD disease prevention.
- 95 per cent of those surveyed reported they received information during a visit by a Fiji Red Cross volunteer; 29 per cent reported they had seen some written materials; 17 per cent reported receiving messages at community meetings; 17 per cent by radio; and 13 per cent by TV.
- More than 97 per cent of respondents reported that the LTDD information they received was clear.
- Of the 238 households who received information during a visit by a Fiji Red Cross volunteer, 232 reported the information received was clear, 72 of the 74 households who reported receiving written information about disease prevention reported that it was easy to understand.
- 97 per cent of households reported that they took at least one preventative measure since TC Yasa/Ana, e.g., clearing compounds, covering food, boiling water, washing hands frequently.
- 94 (35 per cent) households surveyed reported an incidence of diarrhoea. Five households reported cases of leptospirosis (all in one community), 13 reported typhoid, and 16 reported dengue fever in the household.
- In response to a question suggesting four possible areas for future development, more than half of the respondents recommended increasing message frequency.

In addition to mitigating disease, 1,876 mosquito nets were provided to households with children under five years old and/or pregnant women to reduce transmission of dengue. Printing of messaging on the usage, storage, and safe disposal of Long-Lasting Insecticidal Treated Nets (LLINs) mosquito nets were provided during distributions.

Rat bait was distributed in high-risk areas (along with direction for safe use) to reduce the risk of the spread of leptospirosis. A total of 957 containers of rat bait were distributed across the 255 communities.

Health Outcome 6: The psychosocial impacts of the emergency are lessened

Indicators:	Target	Actual
# of people reached by Psychosocial support (PSS)	1,000	157

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	39

Narrative Description of Achievements

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. TC Ana affected both Viti Levu and parts of Vanua Levu with heavy rainfall and flooding of homes and villages. As farming is a key livelihoods activity in these areas, the reported extensive damage to vegetation and crops meant that people had not only lost their homes but also their livelihoods. This suggested there would be an increased need for PSS.

An immediate short PSS training was conducted by the IFRC health lead for FRCS EOC staff and team leaders going to the field. It was hoped that further PFA training would be conducted for staff and branch volunteers to ensure they could provide support on the ground and among their peers. However, the PFA roll-out trainings needed to be cancelled. A PFA training was done with 39 staff and volunteers in November to support well-being given the challenges of the past year. This will also prepare the staff and volunteers for this upcoming cyclone season.

FRCS planned to engage two professional counsellors for six months to support PSS the west and north of Fiji. However, this did not eventuate due to the impacts of COVID-19, combined with the lack of availability and the high cost of engaging local professional counsellors. This explains the reduction of people reached by PSS to 157 rather than the intended 1,000 people.

Of the 157 reached by PSS, 33% were adult women, 16% were adult men, 30% were school students and 16% were children aged 0-5 years. The remainder were FRCS volunteers or government workers. The communities in Bua province reached by this activity included Yadua, Votua, Yaqaga, Navaka, Bua, and Buresivo settlement.

Challenges

- As with a number of other activities, face to face LTDD messaging and psychosocial support in communities was suspended due to the COVID-19 outbreak. Although FRCS continued the LTDD programme using mass media, including TV, radio and online messaging, there were delays in implementation.
- The planned implementation of psychosocial support activities did not progress as anticipated. As the staff and volunteers were heavily committed, rather than rolling out PSS training for staff and volunteers, it was decided that professional counsellors would be engaged. However, there are limited numbers of professional counsellors in Fiji and COVID-19 prevented engaging international personnel for this activity.

Lessons Learned

- Following the introduction of COVID-19 movement restrictions, the LTDD programme was adapted to focus on communications via posters, radio, television, and social media. During post-activity monitoring, 17 per cent of survey respondents reported receiving LTDD messages via radio, compared with 13 per cent by television. Post-activity monitoring data was not collected about messaging using social media and it would be helpful to identify this in future responses.
- All respondents, including the small number who had not received any messaging, recommended communications improvements. This may suggest that respondents felt they had to select one of the options for improvement listed. The most frequently selected recommendation for improvement was an increase in message frequency (227 of the 261 respondents selected this option). This suggests that more frequent messages would have been beneficial.



Water, sanitation, and hygiene

People reached: 11,973
Male: 6,309
Female: 5,664

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	2,261

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

Indicators:	Target	Actual
# of assessments/monitoring visits undertaken and shared.	50	613

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	2,261
# of families provided with water containers/jerry cans (two per family)	4,163	2,463
# of households water supply systems repaired and cleaned	100	0 ¹⁰
# of rainwater harvesting and gravity-feed systems installed	5	67 procured of which 63 have been installed

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	0 (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	40,523

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	2,463

Narrative Description of Achievements

Rapid WASH assessments in Bua province were integrated with IFRC technical assessments, and follow-up technical WASH assessments were completed. In total 613 communities were assessed across 15 branches: 486 communities in the North, 79 communities in the West, 16 in the Central, and 32 in the Eastern division.

Initial distributions focused on households with severely damaged houses. The second phase of distributions of emergency shelter and essential household items was carried out four weeks after TC Yasa. Operations were halted due to the development of TC Ana and TC Bina until it was safe to resume. TC Ana caused widespread flooding on both Viti Levu and Vanua Levu, but there were no reports of major damage to dwelling places and hence the TC Ana response did not include a shelter component. Distributions to the remaining households in the Western division were then resumed. Total distributions of water containers and hygiene kits were as shown below.

Locations	# of water containers			# of hygiene kits		
	TC Ana	TC Yasa	Total	TC Ana	TC Yasa	Total
Ba	201	42	243	47	34	81
Bua	40	850	890	4	251	255
Cakaudrove		860	860	25	31	56
Lau		98	98		29	29
Lomaiviti	40	31	71	38	21	59
Macuata	590	737	1,327	329	218	547
Ra	100	4	104	43	5	48
Total	971	2,622	3,593	486	589	1,075

The number of households and individuals receiving water containers and/or hygiene kits were as follows. All of these same households received hygiene promotion awareness

	HH	Females	Males	Total
Ba	230	529	553	1,082
Bua	671	1,506	1,666	3,172
Cakaudrove	520	1,241	1,446	2,687

¹⁰ repair of water systems altered to be building of water tanks

Lau	60	123	133	256
Lomaiviti	64	144	177	321
Macuata	849	1,970	2,161	4,131
Ra	69	151	173	324
Total	2,463	5,664	6,309	11,973

In addition, 2,400 water flasks were distributed to school children to fill with clean drinking water. Further, 15 cleaning kits¹¹ were provided per branch to assist in the community clean-up in villages targeted for LTDD awareness.

It was initially intended that FRCS would conduct repairs to damaged household water supplies. However, following engagement with northern divisional and provincial authorities and technical assessment, it was determined that improvements to community water supplies in targeted affected communities would benefit entire communities rather than individual households.

With support from the provincial water authorities, the FRCS WASH focal point conducted technical assessments during March 2021 to confirm the number of water tanks required. A Memorandum of Understanding (MoU) was signed with each community, under which the targeted communities provided gravel and supported the building of bases for the water tanks. In coordination with the provincial government and WAF, during phase 1 it was planned that a total of 71 water tanks (10,000 L and 5,000 L) would be procured. However, the operation was then suspended due to the COVID-19 restrictions.



Installation of handwashing station at a school, Macuata. **Photo:** FRCS

FRCS subsequently received approval to resume the WASH activity in Vanua Levu. Due to the lapse of time since the earlier technical assessment, a team of three carpenters and the Northern Divisional manager completed further technical assessments in the targeted communities to verify the findings of the earlier assessments and to confirm requirements. As a result of this second technical assessment, it was decided to install 67 water tanks (with fittings for rainwater harvesting) in 35 districts (Tikina) of Bua, Cakaudrove, and Seaqaqa.

Construction was supported by a second team from Suva and labour support from the communities. The procurement and manufacture of water tanks took place in Viti Levu as supply was not available in Vanua Levu. The tanks were subsequently delivered to Vanua Levu.

	Tikina Supported	Population	10,000L tank	5,300L tank	3,300L tank	Total
Bua	19	2,707	7	35	2	44
Cakaudrove	2	380		4		4
Macuata	14	1,097	7	12		19
Total	35	4,184	14	51	2	67

In order to maximize the benefit from this intervention, almost all the water tanks procured were for community water tanks. However, it was decided to install a couple of household water tanks in the farming community of Viniuto settlement because a community water tank would not have been viable due to the distance between houses. The water tank activity was complementary to the rainwater harvesting activities and repairs to water supplies conducted as part of the TC Yasa/Ana operation.

There were delays in the installation of the water tank bases due to there being insufficient raw materials on Vanua Levu and needing to transport raw materials from Viti Levu. This resulted in the water tanks being installed later than expected. As of 1 February 2022, 63 of the 67 water tanks had been installed, and the remaining four were awaiting

¹¹ Cleaning kits include wheelbarrow, fork, pinto poly rake, cane knife, spade, bucket, broom and handle, plastic water broom, hose, tap adapter

installation. Although the procurement of the tanks and most raw materials was funded through the DREF, some of the implementation costs occurred outside the DREF period and hence have been funded from other sources.

Alongside the water tanks, 32 solar lights were procured for installation close to the water tanks to promote security for users.

A total of 437 water filters were provided to classrooms in 87 schools in Vanua Levu. Although it was previously planned to provide water filters to 325 households which lacked access to clean water and met the targeting criteria. However, this distribution did not progress due to the impact of COVID-19 restrictions.

As previously reported, FRCS de-prioritized the repair/construction of household latrines. The Ministry of Health and Medical Services had been constructing latrines in the communities targeted by FRCS, and the FRCS has limited technical capacity in this area. The budget previously allocated for household latrines was reallocated to increase the number of community and household water tanks supported by FRCS.

Challenges

- COVID-19 restrictions significantly impacted the operation in several ways, including restrictions on travel to the affected area. School closures due to COVID-19 meant it was not possible to make a second round of distributions of water flasks. COVID-19 also impacted the proposed distribution of water filters to 325 households.
- Completion of water tank bases was delayed due to a shortage of raw materials on Vanua Levu. It was necessary to await delivery of raw materials from Vitu Lev, as some materials were not available in Fiji, specifically guttering and wiring.

Lessons Learnt

- The implementation team had not been established at the time of the initial procurement but were in place at the time of the second round of procurement. It was identified that the involvement of the implementation team in procurement/tender processes played a key role in ensuring that the correct items were procured.
- Water tank quality varied between providers and hence it was necessary to thoroughly check water tank quality prior to receipt. The team declined some water tanks which were not of the appropriate standard. This helped ensure that the programme outcomes were satisfactory.
- Frequent updates from the field team are important for programme execution, to enable timely monitoring of activities so that any roadblocks can be addressed as soon as possible.



Protection, Gender, and Inclusion

People reached: 11,973

Male: 6,309

Female: 5,664

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	809

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	Yes

Narrative Description of Achievements

Initial assessments from national situational reports and aerial images indicated several areas of interest for Protection, Gender, and Inclusion (PGI). In the most seriously affected communities, families lost their homes and livelihoods, increasing the risk of economic hardship, family stress, violence, etc. It was anticipated that survivors of domestic violence, persons with disabilities, people identifying as LGBTQIA+, older people and children would be at greatest risk if protection and inclusion were not effectively integrated throughout the response.

The FRCS previously trained approximately 40 volunteers from its three main divisions (North, West and Central-Eastern) on PGI mainstreaming in emergencies. Other topics included sexual and gender-based violence (SGBV), Child Protection and Prevention of Sexual Exploitation and Abuse.

In line with the above, FRCS incorporated sex, age and disability disaggregated data in its initial assessments to better capture the needs of people affected and tailor their response to meet such needs. The collection of this data has assisted FRCS in identifying vulnerable groups and considering any needs for additional protection.

To support the protection of people, FRCS provided SGBV referral IEC materials in the form of pocket cards containing pertinent information and contact of essential service providers such as legal services, police, medical, and counselling. Up to 157 people underwent psychological therapy. This covered grief and loss (bereavement), which included goal setting and strength-based therapy. There was couples counselling, individual counselling and group therapy sessions. Referrals were made to the Department of Social Welfare for further followup where needed.

FRCS, with support from ICRC, assisted 160 people in affected communities with Restoring Family Links (RFL) services. This included 20 people using satellite phones and 121 people using staff/volunteer mobile phones to connect with family members. In addition, 1 person sent a Red Cross message to family members and ICRC assisted with 18 Red Cross messages from Labasa prison inmates.

A total of 878 dignity kits, 200 disability kits and 200 baby kits were procured. Unfortunately, there were delays in receiving these from the suppliers and transporting these kits from Suva to the branches for distribution due to COVID-19 restrictions in place. Due to these transport delays, the remainder of the kits which were not distributed have been pre-positioned at national headquarters for use in future disaster responses with agreement from the DREF.¹²

Province	Dignity kits	Disability kits	Baby kits	Total
Ba	26		1	27
Bua	305	5	4	314
Cakaudrove	35			35
Lau	29			29
Lomaiviti	58	1		59
Macuata	279		21	300
Ra	45			45
Total	777	6	26	809

Dignity kits include: sanitary pads, body soap, toothbrush, toothpaste, sulu wraps, bath towel, t-shirts, combs, flashlight, additional batteries, womens underwears, flipflops, plastic bag packed in a 20L bucket.

Disability kits include: socks, flashlight, t-shirts, toothpaste, toothbrush, Sulu wraps, soap, body soap, cotton blanket, plastic bag, adult diapers, adult wet wipes. Latex gloves, mattress protector.

Bath towels (small and large), jerry can, reusable cup, bedsheets packed in a 20L bucket.

Baby kits include: napkins, safety pin, baby wet wipes, baby blanket, baby towel, baby soap, beanie, socks, coconut oil, small thermos, camphor, laundry soap – packed in a 20L bucket.

To support the WASH community water tanks installation, 32 solar streetlights were procured for installation close to water tanks to provide safe lighting for the community water points. The population of 11,973 people were assessed for protection and gender considerations and those identified with specific needs were provided special kits, or received referrals.

Challenges

¹² In an extraordinary exception due to the Covid-19 lockdowns in Fiji, the DREF funded items will not be returned and instead prepositioned for future disaster response.

- As with the other sectors, the travel restrictions associated with COVID-19 impacted travel by personnel and distribution of kits. This resulted in some kits being held as pre-positioned items for use in future responses.
- The cell phone network was not operational for two weeks following TC Yasa, which presented challenges during the needs assessment process.
- There were many needs following TC Yasa and Ana, and it was necessary to prioritize the various components of this multi-sectoral response.

Lessons Learned

- Alongside early identification of vulnerable members of the population, the National Society must establish/maintain referral pathways at an early stage to ensure that vulnerable people receive the assistance they require in a timely manner.

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
# NS volunteers that receive briefing and trainings	250	197

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

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

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	Yes

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

BCP is activated and actively monitored	Yes	Yes
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Narrative Description of Achievements+

197 Fiji Red Cross volunteers were engaged in the TC Ana/Yasa response. A volunteer drive conducted after TC Yasa attracted over 1,300 applications. The FRCS provided inductions to new volunteers, and an IFRC youth and volunteer senior officer provided support to FRCS to scale up volunteer management supports and systems.

As the earlier volunteer insurance cover expired in December, DREF funds enabled insurance coverage for 250 volunteers from January 2021. To provide protection from any exposure to LTDD/or and injuries from hazardous work areas especially post TC Ana, volunteers were provided with necessary safety gear like gloves, boots, and gumboots. As the risk of COVID-19 increased, masks were also provided. FRCS staff and volunteers were also provided with mosquito repellent while they are working in high-risk areas.

The Fiji Shelter Cluster was supported by the IFRC CCD Suva shelter team, and after the departure of the IFRC Pacific Shelter Manager, the Senior Shelter Officer continued to support the Pacific shelter cluster as a member of the Pacific Humanitarian Team (PHT). For this response, several shelter cluster meetings were held (with IFRC supporting the government lead, the Ministry of Housing and Community Development, and joint co-lead Habitat for Humanity Fiji). Regular contributions were made to the coordination meetings for the PHT, and national-level inter-cluster coordination meetings organized and chaired by the Fiji NDMO. The Fiji shelter cluster also received information management support in the form of the dissemination and collation of 5Ws for the TC Yasa/Ana response, which highlighted the operational presence, needs, and gaps of shelter agencies in Fiji.

CVA

A pilot programme distributing multipurpose cash grants initially targeting 500 households in the most affected areas was supported by other donor funding. This was the first Cash and Voucher Assistance (CVA) activity conducted by FRCS. The goals were both to support the affected population and to increase FRCS' understanding and skills to enable the use of CVA where appropriate in the future. Following TC Yasa, with technical support from the IFRC Cash Delegate FRCS piloted a market assessment in the most affected communities in the Northern district to identify the impact of the disaster on the markets and physical and economic access of households to these markets. The assessment found that CVA was viable for the affected areas, markets were sufficient, and the modality of cash in envelopes was acceptable to recipients due to the distances to and inaccessibility of banks (note it would have been necessary for beneficiaries to travel to Labasa or Savusavu potentially an all-day bus ride costing around FJD 8) and that many people do not have bank accounts and/or ATM cards. Hence it was not appropriate to make the distribution by bank transfer. It also found significant coordination with the government at national and local levels, alongside coordination with other agencies was going to be required for a smooth implementation. This was due to some other agencies in tin-country implementing CVA without coordination with the National Disaster Management Organization (NDMO), and lack of clarity on targeting and the cash amount to be disbursed.

In order to overcome government hesitancy, FRCS and IFRC worked together with the Fiji Cash Working Group (FCWG) in developing the minimum expenditure basket and the standardization of grant values. The FCWG helped build confidence in the authorities that this new program could be well-coordinated to target those in need and risks minimized to a manageable level. The discussions increased understanding of the CVA process and acted as a sharing hub for practitioners on experiences and ensure accountability.

Implementation was then delayed due to COVID-19 restrictions in April. FRCS reinitiated discussions with NDMO in September. Due to the long delay, a market analysis was completed again in early September and prices were monitored. At this time, the small team from FRCS headquarters that was quarantining to prepare for their travel to the north completed daily remote training/briefings with the IFRC Cash Delegate using the Cash Learning Partnership (CaLP) Level 1 CVA training to develop core competencies in CVA including assessment, planning, distribution, and post-distribution monitoring. IFRC also provided training on data collection using KoBo toolkit software (data management software). FRCS has traditionally used paper-based data collection. Digitizing the data collection process helped reduce the processing time and allowed for real-time monitoring of registration and distributions. Following discussion with the Provincial Authority of Bua, cash grant values were reviewed and set at 200 Fiji dollars for households with shelters that had experienced more than 70 per cent damage, while households with shelters that had 40 up to 70 per cent damage were to receive 100 Fiji dollars. This operation supported 599 households in Bua province with multipurpose cash grants: 290 HH received 100 Fiji dollars (CHF 43.00) and 309 HH received FJD200 (CHF 86.00).

For targeting for CVA, the initial detailed damage information was used and verified by the trained FRC team by visiting the identified communities to validate the information and confirm the current needs. This was done through observation, household-level discussions, and key informant meetings with community leaders to validate the most

vulnerable in need. The first transfer occurred on 29 September with distributions continuing till 10 November, with a remaining 4 beneficiaries receiving their envelopes on 6 December because they were away from home during early November. The preparations for CVA were covered under the DREF and the expenses of the CVA activities were covered by USAID funding.

FRCS and IFRC worked together with the Fiji Cash Working Group to develop the minimum expenditure basket and to standardize grant values prior to implementing the pilot cash programme (using other donor funding). The Fiji Cash Working Group also facilitated engagement with government departments. With the support of the IFRC CCD Cash Coordinator, personnel were trained in registration of target households and in distributions.

Due to there being no banks or ATMs close to the most affected communities, the multipurpose cash grants were distributed using cash envelopes during October and November 2021. The following received a cash grant.

District	Cash and Voucher Assistance (CVA)					
	Total Target HH	HH receiving FJD 200 / CHF 86	HH receiving FJD 100 / CHF 43	Female Headed HH	Male Headed HH	Outcome Total HH
Bua	49	34	12	10	36	46
Dama	32	24	17	11	30	41
Kubulau	80	13	67	16	64	80
Lekutu	226	176	110	59	227	286
Nadi	37	5	34	12	27	39
Vuya	35	18	18	13	23	36
Wainunu	64	39	32	23	48	71
TOTAL	523	309	290	144	455	599

Post distribution monitoring was carried out to assess the impact of the CVA programme. The survey had a total number of participants – 202 HH surveyed which included 174 males and 28 female participating in the survey. Conducted in the Bua Province. The kobo tool was used in carrying out a survey where mobile kobo survey form was used where there was internet connection while paper form survey was used where they were limited to no internet connectivity. Survey was conducted as a household survey of a sample population. The sample population size is 33% (202/599) of the beneficiaries of CVA was determined through the guidance from government.

It identified:

- The pilot CVA programme was effective in supporting affected households, with almost all the 202 households surveyed during post distribution monitoring reporting that they would have needed to have adopted a range of alternative coping strategies had they not received a multipurpose cash grant (e.g., 111 respondents said they would have limited food for adults; 39 would have borrowed money and 37 would have relied on family support).
- 77 per cent of survey respondents reported that they used some/all the money to purchase food, while 66 per cent reported that they used some/all of the money for home shelter repairs or construction. Other reported uses included labour for repairs, hygiene items, basic household items, medical expenses, paying debts, and other items.
- 86 per cent of the households surveyed during post distribution monitoring reported that the amount received was sufficient, which suggests the decision to distribute differing amounts to houses with different levels of damage was appropriate.
- 72 per cent of respondents reported that shops were able to meet demand for goods.
- Half of the recipients stated they would have preferred to have received goods, mostly due to the difficulties in procuring goods and/or prices being higher than usual in the market.
- Almost all the respondents reported that they were fully satisfied with the information received about the cash grant programme.

The programmatic reach of the FRCS has been expanded through this CVA activity. Reach has also been increased following ongoing improvements to EOC procedures and the provision of capacity building support to branches.

The FRCS conducted many [interviews](#), and [news articles](#) both [locally](#) and [internationally](#) to inform people about the situation and the Red Cross response. Social media was actively updated and tracked. FRCS also contributed to national coordination mechanisms and planning.

The IFRC Business Continuity Plan has been activated and managed since April 2021 to support safety and security of staff.

Challenges

Challenges during the CVA programme:

- Due to COVID-19 movement restrictions that were in place for several months, it was sometimes impossible to deploy additional human resources to support operations in the Northern division.
- As the CVA programme was a pilot activity for FRCS, they had limited experience and technical capacity. Hence the IFRC CVA delegate provided technical support, including multiple training sessions for Northern division staff and volunteers. IFRC also assisted FRCS with data collection tools and templates.
- Because CVA was a new activity for FRCS, there was initially some hesitation about the programme, both within some authorities and some FRCS staff and volunteers. The Fiji Cash Working Group, which the Ministry of Women chaired, engaged with government agencies, which helped increase CVA acceptance.

Lessons Learned

Lessons learned during the CVA programme included:

- The collaboration with the Fiji Cash Working Group helped increase acceptance of the cash grant intervention.
- The pilot CVA programme was effective in supporting affected households. Almost all the 202 households surveyed during post distribution monitoring reporting that they would have needed to have adopted an adverse coping strategy (e.g., limiting food for adults and prioritizing food for children) had they not received a multipurpose cash grant. Most used the grants for shelter or food needs.
- Eighty-six per cent of the households surveyed during post-distribution monitoring reported that the amount received was sufficient. This suggests the decision to change from a flat distribution amount of FJD 200 for all beneficiaries (the initial proposal) to different amounts (FJD 100 and FJD 200) based on the level of damage to the household shelter was appropriate.
- Half of the recipients would have preferred to have received goods, rather than cash, due to the difficulties in procuring goods and/or prices being higher than usual in the market. This reinforces the importance of market analysis during the design of CVA programmes.

D. Financial Report

Of the total budget CHF 676,325, total expenses closed at CHF 636,617. Significant variances are noted below across the budget categories:

Relief, Construction, Supplies - A variance of CHF 82,024 less spent on shelter and relief items, most significantly:

- CHF 39,681 less due to the in-kind contributions from ARC and NZRC, and the coverage from ARC and USAID funding for build back safer kits, tarps, kitchen sets, solar lamps, and blankets,
- CHF 9,567 from USAID funding mosquito nets.
- CHF 27,864 in WASH was from a reduction in water tanks procured and implemented due to the COVID-19 and supply chain delays.
- Only first aid kits procured for the volunteers doing assessments, not pre-positioned in the branches
- No teaching materials purchased as USAID funding covered the printing of the IEC materials

Logistic – slight variance of CHF 6,786 less spent due to:

- CHF 51,210 less on distribution and monitoring as it was covered under the volunteer cost category
- CHF 39,743 additional expenses for transport and vehicle costs
- CHF 9,020 less logistics services due to the in-kind contributions of relief items from ARC and NZRC

Personnel – a variance of CHF 61,721 more spent due to:

- CHF 15,416 additional expenditures for NS staffing costs due to the operation extensions
- CHF 46,304 additional expenditures for volunteer costs of the assessments, distributions, and replenishment/pre-positioning at the branches (which were budgeted in the distribution and monitoring above)

Workshop and Training – a variance of CHF 21,803 less spent due to the cancellation of many trainings, and the shift to holding remote trainings for the ones that needed to continue:

- CVA training held remotely while team was in quarantine
- PFA branch roll-out trainings cancelled

General Expenditure - a variance of CHF 10,565 more spent due to:

- less travel resulting in a balance of CHF 8,941
- less public relations resulting in a balance of CHF 6,696
- slightly higher CHF 3,595 office costs due to fixes needed in Seaqaqa branch due to damage during the flooding
- CHF 5,188 for communications, which weren't budgeted
- CHF 17,053 additional general expenses that covered broad branch participation in lessons learned and remote trainings

The overall balance of CHF 39,708 will be returned to the DREF pool. The final financial statement is available at the end of the report.

*The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO, Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation and other corporate and private donors. The IFRC, on behalf of the **National Society**, would like to extend thanks to all for their generous contributions.*



Click here for:

- [Imminent DREF Operation](#)

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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.



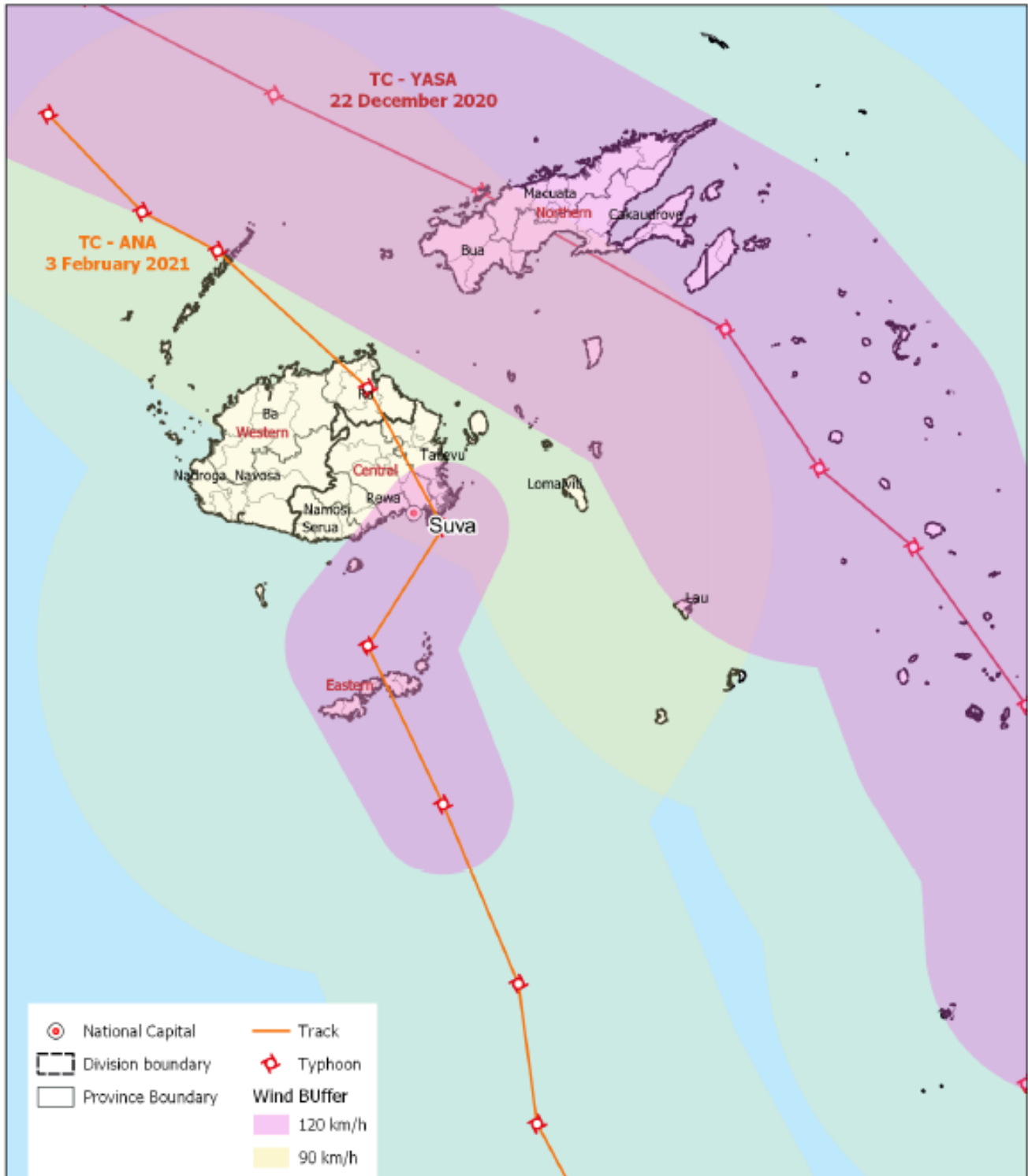
Enable **healthy**
and **safe** living.



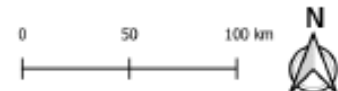
Promote **social inclusion**
and a culture of
non-violence and **peace**.

**Fiji: Tropical Cyclone ANA and YASA
Informal Update**

3 February 2021



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of territory or its authorities. Map data sources: OCHA, OSM Contributors, IORC, IFRC, GDACS-IRC (TC Yasa : 22 December 2020 ; TC ANA: 3 February 2020)



DREF Operation

Selected Parameters			
Reporting Timeframe	2020/12-2022/1	Operation	MDRFJ005
Budget Timeframe	2020/12-2022/1	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 17/Feb/2022

All figures are in Swiss Francs (CHF)

MDRFJ005 - Fiji - Tropical Cyclone Yasa

Operating Timeframe: 16 Dec 2020 to 30 Nov 2021

I. Summary

Opening Balance	0
Funds & Other Income	676,325
DREF Allocations	676,325
Expenditure	-636,617
Closing Balance	39,708

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction		259	-259
AOF2 - Shelter	129,943	111,833	18,110
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	48,500		48,500
AOF5 - Water, sanitation and hygiene	202,762	125,633	77,129
AOF6 - Protection, Gender & Inclusion	54,584	23,311	31,274
AOF7 - Migration	479		479
Area of focus Total	436,269	261,036	175,233
SFI1 - Strengthen National Societies	143,823	286,530	-142,707
SFI2 - Effective international disaster management	88,805	73,829	14,976
SFI3 - Influence others as leading strategic partners	6,949	14,262	-7,313
SFI4 - Ensure a strong IFRC	479	960	-481
Strategy for implementation Total	240,056	375,581	-135,524
Grand Total	676,325	636,617	39,708

DREF Operation

Selected Parameters			
Reporting Timeframe	2020/12-2022/1	Operation	MDRFJ005
Budget Timeframe	2020/12-2022/1	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 17/Feb/2022

All figures are in Swiss Francs (CHF)

MDRFJ005 - Fiji - Tropical Cyclone Yasa

Operating Timeframe: 16 Dec 2020 to 30 Nov 2021

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	370,762	288,738	82,024
Shelter - Relief	78,525	38,844	39,681
Construction Materials		1,718	-1,718
Clothing & Textiles	11,677	2,110	9,567
Water, Sanitation & Hygiene	229,654	201,790	27,864
Medical & First Aid	2,430		2,430
Teaching Materials	4,050		4,050
Utensils & Tools	15,462	8,545	6,917
Other Supplies & Services	28,964	35,731	-6,767
Land, vehicles & equipment	1,125	2,168	-1,043
Computers & Telecom	1,125	874	251
Office & Household Equipment		1,294	-1,294
Logistics, Transport & Storage	82,305	75,519	6,786
Storage		13,701	-13,701
Distribution & Monitoring	51,210		51,210
Transport & Vehicles Costs	19,575	59,318	-39,743
Logistics Services	11,520	2,500	9,020
Personnel	89,595	151,316	-61,721
National Society Staff	20,520	35,936	-15,416
Volunteers	69,075	115,379	-46,304
Workshops & Training	21,915	112	21,803
Workshops & Training	21,915	112	21,803
General Expenditure	69,345	79,910	-10,565
Travel	12,375	3,434	8,941
Information & Public Relations	10,395	3,699	6,696
Office Costs	6,075	9,670	-3,595
Communications		5,188	-5,188
Financial Charges	450	815	-365
Other General Expenses	40,050	57,103	-17,053
Indirect Costs	41,278	38,855	2,424
Programme & Services Support Recover	41,278	38,855	2,424
Grand Total	676,325	636,617	39,708