Humanitarian Action Plan
Strategic Plan for Response to Fiji floods (TD17F) – March/April 2012

The Humanitarian Action Plan (HAP) is a tool for structuring a coordinated humanitarian response for the first three months of a new emergency, which has been agreed within the collaboration of the Pacific Humanitarian Team (PHT) in 2010. The UN Resident Coordinator triggers it in consultation with major stakeholders within two days of a major disaster or in response to an ongoing or slow-onset crisis. It contains an analysis of the context and of humanitarian needs (citing whatever gender and protection considerations, specific needs assessments available, as well as any other evidence such as informal reports, remote sensing, background data, and inference), response plans (at the general strategic level as well as sector plans), and information on roles and responsibilities.

1. EXECUTIVE SUMMARY
Torrential rains caused by Tropical Depression TD17F caused widespread flooding on 30 March 2012 in particularly the Western Division of Fiji. The floods killed four people and temporarily displaced 15,000 people, causing damages to infrastructure, schools, homes, businesses and agriculture. With power and electricity disrupted for days, at least 150,000 people were affected. A State of Natural Disaster was declared for parts of the west of Fiji.

Once flood waters had sufficiently receded on 4 April, Government, Fiji Red Cross and NGO teams were quick to access and assess the impact on the population and provide relief. Within 10 days following the floods, electricity has been restored almost completely across the country. Water supply is partly restored, with only partial reticulated supply in all western towns and a clear overview of the supply situation in rural areas lacking this is an area of concern. Water is trucked to areas with disrupted supply. Evacuation centres have rapidly emptied but as of 18 April, 748 people (144 families; 451 adults; 255 children and 42 infants) remained in 15 evacuation centres, as their homes are destroyed or still affected by flood water, mud and silt.

The emergency has been largely managed with national capacities and resources, coordinated by the National Disaster Management Office (NDMO). Government has requested donors to provide specific assistance, including funding for aerial survey, logistics, tools, shelter and health supplies. Pacific Humanitarian Team clusters have been working closely with government lead agencies in areas of Health & Nutrition, Education, Emergency Shelter, Logistics and Protection, providing the requested relief and technical support. On 10 April Cabinet established a Disaster Rehabilitation Task Force responsible for the implementation of short to long term rehabilitation and rebuilding process and programmes, also considering future mitigation and preparedness strategies.

Current sectoral initial damage assessments amount to more than FJD 71 million (USD 40 million) in key economic sectors.

Key priorities:
- The prevention of outbreaks of communicable diseases is a priority, particularly given the extent of flooding, and many communities having no or limited access to safe water supply.
- Access to safe water and sanitation of rural and urban flood affected communities.
- Given extensive agriculture damages, food security is at risk with 12,799 farmers having sustained damages, leading to lower produce and increased food prices.
- There may be a need for psycho-social support to flood affected people.
- The above raises particular concern, including related to nutrition, for the most vulnerable people, including children, pregnant and lactating mothers, the elderly, disabled, the poor and those that remain in evacuation centres, with host families or in other means of emergency shelter because their homes and damaged or destroyed.
- Assistance to people remaining in evacuation centres or temporary shelter will need a joint approach from shelter, WASH, protection and early recovery clusters and partners, also with regards to the rebuilding of permanent housing and possible resettlement.

2. CONTEXT AND HUMANITARIAN CONSEQUENCES
2.1 Context
Widespread flash floods starting in the early morning hours of 30 March in particularly the Western Division of Fiji caused damages to infrastructure, schools, homes, businesses and agriculture. Four people lost their lives, while one boy remains missing. At the height of the floods more than 15,000 people sought shelter in more than 150 evacuation centres. Approximately 40% were children, and the displaced are clustered in intact family units. There is an appreciation that some communities were displaced in January/February and have twice experienced displacement, hardship and loss of livelihood in a short period of time. As power and electricity supply was disrupted for days, at least 150,000 people have been affected. A State of Natural Disaster was declared for parts of the west of Fiji. Once flood waters had sufficiently receded on 4 April, Government, Fiji Red Cross and NGO teams were quick to access and assess the impact on the population and provide relief.

Government response has been swift and donors were requested to provide specific assistance, including funding for aerial survey, logistics, tools, shelter and health supplies. Pacific Humanitarian Team clusters have been working closely with government lead agencies in areas of Health & Nutrition, Education, Emergency Shelter, Logistics and Protection, providing relief and technical support.

Current sectoral initial damage assessments amount to more than FJD 71 million (USD 40 million) in key economic sectors. More (detailed) information is expected to become available in the coming days and weeks.

2.2 Response to date
Once flood waters had sufficiently receded on 4 April, government and Fiji Red Cross Society (FRCS) teams were quick to access and assess the impact on the population and provide relief, joined by non-governmental and faith based organizations, such as Rotary, ADRA, Salvation Army, etc. Technical agencies focused on the restoration of basic serves and infrastructure, such as electricity, roads, bridges and water supply.

Government response has been swift. Donors were requested to provide specific assistance at a meeting on 3 April, including funding for aerial survey, logistics, tools, shelter and health supplies. Pacific Humanitarian Team clusters have been working closely with government lead agencies and the FRCS and other partners in areas of Health & Nutrition, Education, Shelter, Logistics and Protection, providing relief and technical assistance.

FRCS had assisted more than twelve thousand people (3,542 families) with relief items, including black packs, cooking sets, water containers, blankets, tarpaulins, hygiene packs and WASH kits. NDMO/DISMAC has aggregated available data to support assistance and coordinated relief to families in evacuation centres, including food rations and is preparing a 2 week food ration for 53,000 people that were affected by the floods. Ministry of Health (MoH) and FRCS mobilized teams with health inspectors, public health nurses and FRCS volunteers to assess all evacuation centres and damages to the major health centres and hospitals in the flood affected areas. Within 10 days following the floods, electricity has been restored almost completely across the country. Water supply is partly restored. With only partial reticulated supply in all western towns and a clear overview of the supply situation in rural areas lacking, this is a concern. Water Authority Fiji is trucking water to areas with disrupted supply. With restoration of services, and people able to access and clean their homes, evacuation centres were rapidly emptying, and all schools that were used as evacuation centers vacated. As of 18 April, 748 people remained in 15 evacuation centres and there is a concern that a number of people may remain displaced as their homes are destroyed or still under flood water for several weeks.

2.3 Humanitarian consequences and needs analysis
With the situation in affected parts of the Western and Central Division returning to normalcy for the majority of people, there remain several concerns and priority areas. As was already experienced following floods in January, a rise in communicable diseases, particularly typhoid, leptospirosis and dengue, is to be expected. Particularly given the extent of flooding, including areas covered with silt and mud, and continued disruption in urban and rural water supply, there is a high risk of disease outbreak. Focus will be on the health system in the 6 sub-divisions in Western Divisions.

Communities with no or limited access to safe water supply are considered to be at risk. Rough estimations of disrupted supply of the reticulated water systems in urban centres indicate that as many as 10,500 meters are still disconnected. The water supply situation in the rural areas is as of yet unknown. Rural and urban flood affected communities having access to safe water and sanitation is therefore a priority.

At the height of the flood around 15,000 men, women and children sheltered in evacuation centres, most of which returned after several days. In recent days however it is clear that around 1,000 people will need alternative shelter/housing for a longer period as their homes have been damaged or destroyed in the floods. These families are particularly vulnerable. A joint approach of shelter, protection, WASH and early recovery partners is recommended, also with regards to the transition to permanent housing and possible resettlement.

<table>
<thead>
<tr>
<th>Sectors</th>
<th>Est. Cost (FJD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roads</td>
<td>17,951,438</td>
</tr>
<tr>
<td>Water</td>
<td>11,910,000</td>
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<tr>
<td>Works</td>
<td>1,180,000</td>
</tr>
<tr>
<td>FEA</td>
<td>4,000,000</td>
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<tr>
<td>Telecom</td>
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<td>Agriculture</td>
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<td>Education</td>
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<td>Health</td>
<td>606,544</td>
</tr>
<tr>
<td>Sugar</td>
<td>10,530,000</td>
</tr>
<tr>
<td>Housing</td>
<td>4,359,660</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>71,294,986</strong></td>
</tr>
</tbody>
</table>
Given extensive agriculture damages, food security in the next 3 months is under pressure for many, as almost 13,000 farmers have sustained damages. The above raises particular concerns, including related to nutrition, for the most vulnerable people, including children, pregnant and lactating mothers, the elderly, disabled, the poor and those that remain in evacuation centres, with host families or in other means of emergency shelter because their homes and damaged or destroyed. There is an additional concern that the flood events, evacuations and subsequent hardship have caused stress on affected families and individuals.

While the focus of the response has been on the Western Division and the parts for which a state of natural disaster has been declared, several areas in the Central Division (Naitasiri, Tailevu) have also been affected by the floods, particularly of the Rewa river.

As information on in particular water, shelter and education needs are still forthcoming, a clear overview is lacking. No formal early recovery planning proves has started yet, but Cabinet has established Disaster Rehabilitation Task Force to guide the short to long term recovery and rehabilitation process and programmes.

3. CLUSTER RESPONSE PLANS

3.1 Cluster: Health & Nutrition Cluster

Co-leads: WHO (Health) & UNICEF (Nutrition)
Cluster partners: MOH, Fiji Red Cross, WAF, FHSS, UNFPA, Protection Cluster, Gender Group

Needs analysis & Response strategy:
Cluster priority 1: Contain communicable diseases such as leptospirosis, typhoid and prevent and manage diarrhea. Water and food safety linked to above.
Response actions (MOH, WHO, Red Cross, WAF, UNICEF, FHSS):
• Prevention and health-seeking behavior, public radio and interpersonal messages
• Link with efforts of WASH and shelter clusters in ensuring basic health needs (food, water, basic sanitation/hygiene and shelter are met).
• Guidance provided to food inspectors and materials developed
• Medical supplies, equipment health kits

Expected outputs and impacts:
• Proactive approaches are undertaken, reducing health risks from various factors.
• Householders, community health workers, clinical staff – advised and aware of preventative strategies
• Access to clean water supply and basic sanitation and shelter met for IDPs and those ECs.
• Contaminated food destroyed and managed.

Cluster priority 2: Nutrition needs for the general population (especially children <5) and those displaced are met.
• Minimum standards for food rations established with Nutrition centre
• Promote breast feeding in emergencies as safer and healthier option
• Undertake nutrition assessment (next 2 weeks)
• Supply Vit A, Multi-Micronutrient, communications and training
• Prevention and health-seeking behavior public radio and interpersonal messages

Expected outputs and impacts:
• Food rations meet nutrition standards
• Babys’ health safeguarded
• Outline specific needs

Cluster priority 3: Review clinical practices, case definitions and health resources
Response actions (MOH, WHO):
• Clinical update seminars for priority diseases (leptospirosis, typhoid, diarrhea) radio and interpersonal messages

Expected outputs and impacts:
• Improved clinical identification and management of priority diseases

Cluster priority 4: Respond and address psycho-social and stress needs for displaced population and affected communities
Response actions (Health cluster with other clusters especially Protection/GG):
• Strengthen referrals to NGOs and FBOs for increased resilience and psycho-social support
• Public communication strategy using broadsheet and radio networks to communicate steps to identify and manage stress post-disaster (draw upon WHO Psychological First Aid Manual and Look – Listen – Link)

Expected outputs and impacts:
• Stress levels better managed, community members more resilient to impacts of flooding and future disasters
• Public access to information on how to identify and manage stress and access appropriate services

Cluster priority 5: Making use of available IEC materials on GBV, HIV/AIDS and STI’s, communicable diseases, nutrition, reproductive health

Response actions (UNFPA, WHO, Health Cluster members, UN Women, MoH, Red Cross):
• Increase access information and support services
• Distribute torches – ECs, condoms, dignity kits as needed
• Coordinate with Protection Cluster and UN Women. Link with HIV/AIDS focal points in MoH to deliver awareness on HIV/AIDS prevention

Expected outputs and impacts:
• Reduce duplication of efforts and utilize existing resources
• Coordinated distribution of IEC materials and awareness activities

3.2 Cluster: Water, Sanitation & Hygiene (WASH) Cluster

Lead: UNICEF
Cluster partners: Ministry of Health (MoH), NDMO/DISMAC, Water Authority Fiji (WAF), SOPAC, Fiji Red Cross Society (FRCS), United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), Adventist Development and Relief Agency (ADRA), Live & Learn (Environmental Education), Rotary Pacific, Partners in Community Development Foundation (PCDF), Habitat for Humanity, Thorn lands, AusAID, Health Cluster, and Logistics Cluster

Needs Analysis & Response Strategy

Cluster priority 1: Provision of Safe Water Access: Urban populations access water through Fiji’s piped water system managed by WAF, whereas the rural population collects water through rainwater catchments and surface water. In light of the recent floods the piped water system has been disrupted, and rivers/surface waters have been contaminated, which is one of the key reasons affected populations leave their homes and come to Evacuation Centers (ECs).

• Urban: Up to date, WAF restored water mains/sources in the following: Rakiraki 100%, Tavua/Vatukoula 99%, Ba 65%, Nadi 85%, Lautoka 85%, Sigatoka Water 80%. Primary WAF target is the restoration of mains, and after the restoration of the dissemination system up to the end user/affected population, which is estimated to be completed within the next 2-3 weeks. Water trucking is being conducted by WAF in affected areas (with 23 trucks with water tanks); however, there are not a sufficient number of trucks, tanks and pumps available.

• Rural: Jointly with the Ministry of Health and Ministry of Works, the estimation of affected water sources and their rehabilitation still needs to be undertaken. Access of roads for water trucking will be challenging to some of the communities.

• Evacuation Centers: Currently, Western Division has 15 ECs, with a total of 748 people. NDMO/DISMAC and WAF are working on a mapping of availability of water access to piped system and tanks in ECs.

Water quality testing of all water sources will need to be conducted under the leadership of the Ministry of Health. So far, water quality testing done of piped water by WAF and MoH revealed that water is at acceptable drinking standards, however, MoH advises boiling prior to consumption. For rural areas, MoH has deployed 6 rapid assessment teams to Western Division, consisting of Environmental Health Officers, Medical Officers and public health nurses in order to test water quality and verify water source contaminations; result will be available in 2-3 weeks.

Response Strategy

NDMO/DISMAC is coordinating with WAF, WASH cluster partners and donors to address the disruptions in safe water access through the following:

1) Mapping of locations of households and ECs without access to water supply and/or water tanks.
2) Developing a holistic/sustainable water trucking operation for the interim water supply/refilling to evacuation centers and urban/rural populations in need (taking into account needs for water tanks, trucks, and pumps). NDMO/DISMAC estimates the need for 7 more trucks (to be hired) and 65 water tanks for ECs. Total number of tanks for urban/rural communities and required pumps still to be identified.
3) Prepositioning water tanks in communities and ECs.
4) Providing water purification tablets with user instructions and messages in the local language and water storage containers to affected populations.
5) Ensure the adequate implementation and monitoring of water quality testing under leadership of MoH.

**Cluster priority 2:** Provision of Access to Sanitation: In light of the recent floods, many latrines have been damaged at community household level resulting in leakage and overflow of previous functioning latrines, which risks the contamination of water sources in close proximity and represents a serious health hazard. Many ECs do not have adequate numbers latrines and need to take the privacy, dignity and security of women and children into account, aiming to reduce vulnerability to sexual violence.

Response Strategy  
NDMO/DISMAC, MoH and WASH Cluster Partners will address the helping affected communities meet the basic sanitation need to safely dispose of excreta, which included evacuation centers through the following:
1) Mapping of households and ECs without adequate access to sanitation.
2) Provision of sufficient number of latrines at ECs to meet minimum standards and taking into consideration the special needs to women/girls. This is very time sensitive matter as ECs might be resolved within the next 10 days.
3) Repairing/ sealing off of overflowing latrines and provision of replacements at household level.

**Cluster priority 3:** Health Promotion: In the aftermath of flooding, it is crucial to improve the knowledge and daily life practices of flood-affected populations related to hygiene. Thus, the dissemination of key hygiene messages on the dangers of typhoid and other water-borne and excreta-related diseases will be crucial. Numbers of affected populations with typhoid, leptospirosis, and diarrheal diseases will be provided by MoH Western Division.

Response Strategy  
MoH, WASH Cluster and Health Cluster Partners will assists through the following:
1) Communicating key hygiene messaging through radio and television broadcast media and print media to affected populations. Key priorities identified thus far for messaging are on prevention of disease outbreaks of leptospirosis, typhoid and diarrhea.
2) Training communities on behavioral changes promoting hand washing, boiling drinking water, safe food, rubbish disposal and protective measures during/post floods.
3) Developing radio and television campaigns on the matter of safe sanitation providing advice on required steps that can be undertaken by individual households.
4) Providing oral rehydration salts to affected population by diarrheal diseases/dehydration, including dissemination of user instructions and advice when/where to seek medical assistance.
5) Disseminating of soap and other hygiene-related items.

**Cluster priority 4:** Reinforce WASH infrastructure in rural communities: Coordinated guidance on WASH infrastructure for rural communities' will strengthen local abilities’ in building, maintaining and managing their WASH infrastructures. This will contribute to building disaster resilient communities and minimizing the spread of water-borne diseases.

Response Strategy  
MoH and WASH Cluster Partners will assists through the following:
1) Training communities on the building/ maintaining WASH infrastructures.
2) Regular monitoring and evaluation of community WASH infrastructure and practices conducted.

3.3 Cluster: Education in Emergencies Cluster

**Lead:** UNICEF and Save the Children (SC)  
**Cluster partners:** Ministry of Education (MoE), Access to Quality Education Programme (AQEP), AusAID, British High Commission, Japanese Embassy

**Cluster priority 1:** Collecting Education in Emergency data in order to respond effectively and efficiently to the local needs in the flood-affected areas

**Response actions (MoE, SC, AQEP, British High Commission and UNICEF):**
- The MoE, AQEP, SC and UNICEF have completed their Rapid Needs Assessment of the schools in the flood-affected areas and the MoE Rapid Needs Assessment report will be completed this week. The MoE, SC and UNICEF have agreed that a follow up assessment is needed to make sure that all school and student level information is complete.
• After approval of the Rapid Needs Assessment report by the NDMO and the MoE Permanent Secretary, the report will be distributed to all Cluster Partners and the Cluster Leads will then organise a meeting to discuss how to best respond to the needs identified in the report.

• The main education priorities include: (i) the provision of school stationery to students, (ii) the provision of school education kits to teachers, (iii) School infrastructure upgrading, (iii) the implementation of school feeding activities.

• The British High Commission has committed FJD 50,000 to support the Education Cluster in their emergency relief efforts.

Expected outputs and impacts:
• The main educational needs in the flood-affected areas have been identified.
• All schools and students in the flood affected areas in need of support have been identified.

Cluster priority 2: The provision of school stationery to all students in the flood-affected areas

Response actions (MoE, SC and AusAID):
• Based on the Rapid Needs Assessment information, SC started to distribute School Bag Kits (stationery packs) with school stationeries and they have meanwhile distributed about 900 School Bag Kits to students in the flood affected areas. By the end of this week SC expects that a total of 2,000 School Bag Kits will have been distributed. In total, 7,000 of stationery packs are expected to be distributed by SC.

Expected outputs and impacts:
• All students in the flood affected areas will be provided with a School Bag Kit.
• Students in affected areas will be able to attend classes actively using the stationeries from the School Bag Kit that they have received.

Cluster priority 3: The provision of school education kits to teachers in the flood-affected areas

Response actions (MoE, UNICEF, Fiji National University and AusAID):
• The MoE in Fiji is currently preparing a list outlining the number of school-in-a-box kits, recreational kits and early childhood education kits that are needed in the flood affected areas.

Expected outputs and impacts:
• All schools that have lost their educational materials will be supplied with a school-in-a-box kit and early childhood teachers will be provided with an early childhood education kit. The FNU will support the distribution of early childhood education boxes and the associated teacher capacity building.
• All schools affected by the floods will receive one recreational kit.
• Teachers will be able to resume their regular teaching through the use of educational materials that have been provided to them.
• Teachers and students will be able to start picking up their normal lives again through sports and leisure activities using the materials from the recreational kits.

Cluster priority 4: The upgrading of school infrastructure facilities

Response actions (MoE, AQEP, AusAID, Japanese Embassy and UNICEF):
• The AQEP team has analysed the Rapid Needs Analysis information and they estimate that the total cost of upgrading school infrastructure facilities will be between FJD800,000 and FJD900,000.
• The NDMO and MoE have requested UNICEF to provide a total of 5 tents as a temporarily shelter for students in Nadi Sangam School, Cuvu Primary/Secondary and Levuka Public School. UNICEF is considering this request as the tents are possibly not suitable for shelter purposes.
• The Japanese Embassy is considering to upgrade school infrastructure facilities in the following three schools: (i) Rt. Ilaisa Memorial Primary School, (ii) Rt. Nemani Primary School, and (iii) Nabila Public School in Nadroga/Navosa.

Expected outputs and impacts:
• All schools that are damaged by the floods will be repaired.
• All teachers and students in the flood-affected areas are able to attend classes.

Cluster priority 5: School feeding activities

Response actions (MoE, SC and AusAID):
• SC has started to implement school feeding activities for 5,000 students in 3 schools: (i) Nadi Sangam Primary, (ii) Nadi Sangam College and (iii) Ratu Navula Secondary School.
Expected outputs and impacts:

• Teachers and students in flood-affected areas are provided with a daily meal in school.
• Improved teacher and student attendance will strengthen the quality of education in school.

3.4 Cluster: Emergency Shelter

Convenor: IFRC
Cluster partners: Shelter Box, Habitat for Humanity, Rural Housing Authority

Needs:
Immediate needs include Emergency Shelter and Non-food items (NFI's). Longer Term need will focus on transitional shelter and permanent shelter. Government teams are currently undertaking Initial Damage Assessments (IDA) in all affected areas, along with FRCS. Results were expected by 12 April, but this has been delayed as some districts are experiencing issues with access to areas affected by the flooding. FRCS is distributing tarpaulins to assist people to move back into damaged houses. Shelter Box NZ has erected 15 tents, liaising with DISMAC to identify totally damaged houses. NDMO have distributed tarpaulins provided by AusAID, NZAID & JICA.

Planned activities:
Once final damage assessment data has been received, a recovery plan can be developed. Currently people whose houses were totally damaged are being housed in evacuation centres or with host families.

To date the number of totally damaged houses is 96 (Lautoka 39, Sigatoka 42+, Nadi 9, Ba 6 (confirmed and more expected with IDA’s)).

Concerns have been raised by displaced persons regarding relocation from school evacuation centres. While Government is handling all relocations, the PHT is coordinating support from clusters in absence of IOM (global cluster lead for Camp Coordination & Management (CCM)). As of 18 April, 748 people (144 families) are still residing in evacuation centres in Sigatoka and Nadi. The main reason for people to stay in evacuation centres, apart from houses being destroyed or flooded, is the stench of silt and mud that has covered houses on locations.

There is no clear information on the number of people that are hosted by others due to the flooding. Given high vulnerability to repeated flooding, certain communities, also in squatter settlements, are already requesting relocation to safer areas. Detailed assessment would be recommended to be undertaken by government to determine issues around (land) ownership, relocation options, etc.

Vulnerability assessment
Temporary relocation has a way of becoming permanent, as has been experienced in many Pacific islands, also following natural disasters. Early safe return of the affected people to pre-disaster sites should be promoted. Re-location is justified only in terms of environmental or public requirements. Where relocation is unavoidable, planning for sustainable relocation sites should be done according to international standards and should include infrastructure, services and suitable livelihood options. New cites rarely succeed.

Resettlement removes people from their long established and multi layered spatial patters of social, cultural and economic activities. Resettlement in a new area can prove difficult as old social and family spatial ties have to be re-established and new patterns of mobility and economy have to be re-established.

It is therefore also important to gain insight in the incidence and severity of the latest floods and its impact in various locations. Likewise, it would be relevant to inventory all possible measures that can be implemented to mitigate the damage of future floods which may cost less than the cost (social and financial) of resettlement.

In Fiji – The National Housing Policy has provision for resettlement under its environmental and climate change component. At the national level, inclusive consultations could be led by the Ministry responsible for Housing (and town planning) in close partnership with Ministries responsible for Land, Provincial Development, the Nadi Town Council, the Ministry of Health (Rural Authority), active NGOs in Nadi and its surrounds – People Community Network.

3.5 Cluster: Food Security & Agriculture Cluster

Lead: FAO
Cluster partners: Department of Agriculture (DoA), SPC, WSPA (To be determined)
Needs Analysis & Response Strategy

Following IDA by the Department of Agriculture, it was estimated that the Central and Western divisions suffered crop damages valued over FJD 16 million (out of a total FJD 17.4 million) as the major export crops. The agriculture loss is mainly realized in the Sigatoka valley and its surrounding areas, where 80% of production is affected. In total 12,799 farmers are affected. The flood has significantly affected export crops, particularly eggplant, okra and pawpaw. According to the DOA, the extent of damage to food security has left all the worst hit areas without the basic food source of roots, vegetable and fruits for the next 3 months. Following the January floods, the Sigatoka valley farmers were supplementing the supply of vegetable to the local municipalities, but now a drastic increase in the price of fruits and vegetables is expected in the next 2 months. The per farmer economic damage for crop production has been estimated at FJD 1,366 while the scarcity of basic staple crops such as roots, vegetables and fruits is likely to result in a deterioration of the food security statuses of populations living in the affected areas as well as those dependent on imports of food products from such areas. Furthermore, as the affected areas are the main agricultural producing areas, it is foreseen that within the next two months, a significant rise in the prices of agricultural products in the marketplace will take place in Fiji. Damages to the livestock sector were estimated at FJD 910,000 for 1,765 farmers in Western and Central divisions. Economic losses were mainly attributable to the death of livestock, losses of livestock products such as milk, damages to pastures as well as animal production infrastructure. In terms of agricultural infrastructure, major damages were related to heavy siltation of the drainage system due to the accumulation of debris following the occurrence of the flash floods.

Key response and rehabilitation activities in the agriculture sector identified by the government include:

1. Clearing of debris and desilting of farm lands and drains
2. Distribution of seedlings for export crops and veterinary drugs
3. Distribution of seedlings for food security
4. River dredging and infrastructure development/rehabilitation

The Government estimates for short to medium term measures (clearing of land and drains, distribution of seeds, seedlings and veterinary drugs) amount to almost FJD 675,000.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Amount (FJD)</th>
</tr>
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<tbody>
<tr>
<td>Land Development</td>
<td>369,206</td>
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<tr>
<td>Seed &amp; Seedling Materials</td>
<td>189,816</td>
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<tr>
<td>LWRM - River Dredging</td>
<td>66,196,763</td>
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<tr>
<td>Animal Health &amp; Production Vet. Drugs</td>
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<td>TOTAL FLASH FLOOD REHAB COST [INCLUDE LWRM]</td>
<td>66,871,695</td>
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<td>TOTAL FLASH FLOOD REHAB COST [EXCLUDE LWRM]</td>
<td>674,932</td>
</tr>
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3.6 Cluster: Early Recovery

Lead: UNDP

Needs:
Extensive disruption to livelihoods, also loss of income and productive assets in the Western division.

Strategy:
A joint UN agency recovery programme targeting women and other most vulnerable people will consist mainly of a cash-for-work component of this joint programme focusing on rural and peri-urban market vendors in the Western Division as a heavily affected socio-economic sector. Some funds would be used to reactive agricultural production for subsistence and for sale on local markets.

In discussion with UN agencies and several government ministries, it was decided that a particularly effective approach would be to focus on livelihoods assistance to market vendors. UNWomen and UNDP have recently done research to compile the socio-economic profile of this group, which indicates that these are working poor who struggle to keep their families above the poverty line. Data shows that about 80% of market vendors in Fiji’s Western Division are women and with average weekly earnings of between 126 to 250 FJD before expenses. Approximately 60% of market vendors grow their own produce for sale, and are mainly selling vegetables, root crops and fruits. The vendors work 10-hour days, six days a week. The survey showed that market vendors spend most of their income on food, shelter, health and education for their families, as well as on community obligations.

Vendor incomes in Fiji fluctuate quite a bit depending on several factors, and given the recent rain and floods have suffered disruptions and drastic reductions in income. Markets in Fiji are economic hubs which contribute significantly to the local and national economies, in addition to vendors supporting also employment arrangements.
of transport industry workers, council worker, farmers and law enforcement. Therefore a timely investment in market rehabilitation and re-stocking through the cash-for-work programme should kick start a wider economic reactivation in this hard-hit area of the country.

Recovery Actions
A joint UN programme has been developed in coordination with the designated inter-ministry government task force, for post-floods livelihoods recovery. Initially the program has $100,000 USD available and we are in the process of trying to raise more funds. It will consist mainly of support to livelihoods restoration for market vendors via a cash-for-work programme, and some support top agricultural rehabilitation, starting in Rakiraki then expand later to a second location in the Western Division. UNDP is leading on the cash-for-work design and delivery, UNWomen is providing linkages to women market vendors and data, ILO is securing a technical specialist. This pilot will employ 260 market vendors (80% of whom are women) in Rakiraki. We will be providing 20 days of work for them, at minimum wage, to conduct unskilled clean-up or disaster preparedness activities. If additional funds are secured the programme can be upscaled to include another flood affected location in the Western division.

Expected outputs
• Minimum of 260 of the most flood-affected people in Western division, primarily women, provided with temporary cash income for one month to help them meet urgent family needs and community obligations, for engagement in unskilled work focusing on restoring their usual livelihoods.
• Agricultural inputs will be provided to help reactivate local agricultural production for subsistence and sale on local markets.
• Fijian government officials will be trained in the concepts and practicalities of post-disaster recovery programmes.

Expected impacts
• Livelihoods of flood-affected women (and most vulnerable) stabilized through restoration of agricultural productivity and income generation
• Key government ministries have the capacity to lead economic recovery programmes

Roles and responsibilities
UNDP is leading on the cash-for-work design and delivery, UNWomen is providing linkages to women market vendors and data, ILO is securing a technical specialist. In Fiji government, the Ministry of Provincial Development and National Disaster Management, as well as the Ministry of Strategic Planning are leading. In Rakiraki, the Provincial Administrator is coordinating implementation.

While the above is a particular recovery intervention through a joint programme, UNDP as ER network coordinator stands ready to provide coordination support for recovery and rehabilitation efforts.

3.7 Cluster: Pacific Humanitarian Protection Cluster (PHPC)

Co-leads: UNHCR & OHCHR. The PHPC also has 3 thematic Areas of Responsibility (AoRs), each with identified co-lead agencies: Child Protection (UNICEF/Save the Children); Gender-Based Violence (UNWomen/UNFPA); and Housing/Land/Property & Displacement (UNOHCHR / UN Habitat)

Cluster partners:
NDMO, Ministry of Social Welfare, Fiji Red Cross, Act for Peace/PCIDRR, FemLINK Pacific, UN Gender Group all clusters to promote gender analysis and gender-sensitive emergency response and early recovery programming.

Protection issues:
In Fiji, there is a narrow interpretation of the concept of protection as both a cross-cutting and specialized issue for attention before, during and after disasters. The PHPC highlights the need to actively build protection understanding and capacity among government and non-government actors to ensure that protection principles and priorities form part of disaster preparedness, response and recovery efforts, including as a measure in the evaluation of the effectiveness of a response in any given situation. In particular, there is a need to raise awareness that protection in disasters concerns not only issues of physical safety and security - as provided by security forces such as the police - but also issues of wellbeing, dignity, and preventing further harm.

The experience of this flood emergency illustrates various areas for attention from a protection perspective, including:
• Ensuring non-discrimination in delivery of relief assistance and basic services
• Developing standard guidelines and processes for safety, security and management of evacuation centres (and ensuring that local authorities, police, school administrators and other evacuation centre managers are aware of the guidelines and their management responsibilities)
The following activities are currently being pursued and/or planned by the PHPC and its partners:

- Liaison with key government and non-government actors engaged in disaster preparedness and response in Fiji (e.g. NDMO, MoSW, Fiji Red Cross, Act for Peace/PCIDRR, Fiji Disabled People’s Association etc.) for information-gathering and dissemination around protection and to support protection-sensitive programming.
- Maintaining contact with NDMO and relevant Ministries to offer protection assessment/monitoring support to DISMAC/NDMO and/or sectoral assessment teams on the ground.
- Collaborate with the Health Cluster to explore ways of promoting and supporting mental health and psychosocial support/psychological first aid interventions, at community, government and non-government levels.
- Continuously share targeted protection advocacy messages with key actors including the NDMO, Ministry of Social Welfare and also through FemLINK Pacific’s Women’s Weather Watch Reports.
- Monitoring of protection issues, capacities and activities on the ground through key responding agencies, PHPC partners, and through dedicated monitoring missions planned by UN Women/UNFPA to explore gender, GBV and protection issues.
- Compiling existing local IEC materials on a range of protection issues, providing support for reprinting, where necessary, and developing new IEC materials to address protection gaps.
questionnaires have been shared with Fiji Red Cross, in an effort to support discussion and exploration of protection concerns affecting women and children, in the process of dignity kit distributions.

- UNFPA will provide funding support to FRCS for procurement and distribution of non-food items to enhance safety, security and access to information in evacuation centres and flood-affected communities.
- UNWomen is updating its NGO contact list for Fiji, particularly organizations in the West, to capture local capacity, roles and also IEC materials in relation to gender-sensitive programming and GBV prevention/response in emergencies.
- The PHPC will support NDMO in development of a standard form/process for registration of people in evacuation centres and in flood-prone/affected areas, to ensure that age and sex-disaggregated data is collected, collated, analysed and shared with relevant actors to inform age and gender-sensitive emergency programming across all sectors.
- UNFPA, with the support of UNWomen, will conduct a 1-week workshop for key stakeholders (government, non-government and community) on 'Protection and GBV in Emergencies' in early July.
- Continue development of key resources to support protection training and capacity-building for NDMO and other government and non-government humanitarian actors.
- Participate in any post-emergency review/evaluation of the Fiji emergency to ensure that protection principles are included in analysis of the effectiveness of the response.

Expected outputs/impacts:
Given that most of the above PHPC activities focus on awareness-raising, advocacy and capacity-building with various government and non-government actors, the expected impacts include:

- Strengthened relations with key government and non-government humanitarian actors to encourage integration of protection principles into response and recovery activities (e.g. establishing connections with range of agencies engaged in information dissemination, service-delivery, advocacy, technical assistance).
- Increased understanding and practice of protection among key humanitarian actors (government, non-government and community).
- Provision of technical guidance and support for practical integration of protection into response and recovery activities across sectors (e.g. guidance on key protection risks and actions; guidance on safe return and relocation; supporting collection of SADD).
- Contribute to increased identification, monitoring, prevention and response to protection concerns (e.g. supporting first responders with protection guidance and briefings on vulnerable groups, protection risks; training workshops).
- Contribute to meeting the specific needs of women and girls through targeted non-food item distributions and protection messaging (e.g. procurement and dissemination of women’s hygiene and safety kits, prevention and response to GBV, and addressing sexual and reproductive health).
- Increased community outreach with key messages on protecting individuals, families and communities from further injury or harm (e.g. psychological first aid interventions).
- Contributing to meeting the specific needs of women and girls through targeted non-food item distributions and protection messaging.

4. ROLES AND RESPONSIBILITIES

The Government of Fiji, through the Ministry of Provincial Development and National Disaster Management, coordinates the response in close liaison with Western Division and regularly updates Cabinet. Line ministries (Health, Education, Social Welfare, and Provincial Development) collaborate with and are supported by PHT clusters. WFP supports the logistics cluster and works closely with the Logistics cell at NDMO. OCHA supports NDMO in information management, including collection of sex and age disaggregated information by evacuation location where this is possible. Cabinet has established on 10 April the Disaster Rehabilitation Taskforce. The purpose of the taskforce is to organize a systematic approach in the implementation of short-to-long term rehabilitation process and programmes and also to consider medium to long term strategies for disaster mitigation and preparedness. The Taskforce is chaired by the Permanent Secretary for Provincial Development & National Disaster Management and has membership of Permanent Secretaries of all key Ministries. With regards to the humanitarian phase, the PHT would look forward collaborating closely with the Taskforce.