

# Consolidated Emergency Report 2021

## Pacific Islands

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Prepared by:  
**UNICEF Pacific Islands**  
March 2022



## Expression of Thanks

On behalf of the children and women in the Pacific Island Countries and Territories, UNICEF would like to thank all donors for their generous contributions, allowing for the provision of lifesaving interventions for populations affected by natural disasters, the COVID-19 pandemic, and other disease outbreaks. While flexible thematic funding provided by the Australian National Committee for UNICEF as well as flexible funding allocated through the Global Thematic Humanitarian Fund for Emergencies and COVID-19 were instrumental in strengthening preparedness and acting swiftly, UNICEF Pacific also thanks all other donors who supported its emergency responses in 14 Pacific Island countries and territories. UNICEF Pacific extends its sincere gratitude to Australia, Japan, India, New Zealand, Republic of Korea, United Kingdom, United States of America, the Asian Development Bank, Global Partnership for Education, the United Nations Office for South-South Cooperation, the Pacific Community, and the Australian and New Zealand Committees for UNICEF.

UNICEF's work is funded entirely through the voluntary support of millions of people around the world and our partners in government, civil society and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

*On 12 January 2021, 6-year-old Melania Ticiva, enjoys herself at one of the child friendly spaces set-up by UNICEF and its partners in Daku Village, Kia Island, Fiji, shortly after Tropical Cyclone Yasa had made landfall in Fiji in mid-December 2020. With wind speeds as high as 350 km/h, Yasa was classified as Category-5 and caused major damage. This was the second time in a year the Fiji archipelago had a direct landfall from a major tropical cyclone.*

*In the Pacific, UNICEF is on stand-by to support the governments of fourteen countries and territories in responding to the urgent needs of families affected by natural disasters, public health emergencies, as well as any other kind of shock.*

Cover photo: © UNICEF 2021 / Allan Stephen / Infinity Images

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## Abbreviations and Acronyms

AAP	accountability to affected population
CPiE	child protection in emergencies
CPWG	child protection working group
DFAT	Department of Foreign Affairs and Trade (Australia)
DOWR	Department of Water Resources (Vanuatu)
DPT3	diphtheria, pertussis and tetanus
ECD	early childhood development
ECE	early childhood education
GPE	Global Partnership for Education
FSM	Federated States of Micronesia
HAC	Humanitarian Action for Children
HCOA	Health Care on Air
IEC	information, education and communication
IOM	International Organization for Migration
IPC	infection prevention and control
JIMT	Joint Incident Management Team
MAM	moderate acute malnutrition
MCV2	measles-containing-vaccine second dose
MEHA	Ministry of Education, Heritage and Arts
MEHRD	Ministry of Education and Human Resource Development (Solomon Islands)
MFAT	Ministry of Foreign Affairs and Trade (New Zealand)
MHMS	Ministry of Health and Medical Services
MHPSS	mental health and psychosocial support
MOH	Ministry of Health
MOET	Ministry of Education and Training (Vanuatu)
MUAC	mid-upper arm circumference
NGO	non-governmental organization
PCR	polymerase chain reaction
PICTs	Pacific Island Countries and Territories
PPE	personal protective equipment
PSA	public service announcement
RCCE	risk communication and community engagement
RMI	Republic of the Marshall Islands
RUTF	ready-to-use therapeutic food
SAM	severe acute malnutrition
SBC	social and behaviour change
SPC	Pacific Community
SWD	Social Welfare Department
TC	tropical cyclone
USAID	United States Agency for International Development
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

## Executive Summary

UNICEF Pacific responded to a range of emergencies in 2021, including COVID-19, tropical cyclones (TCs), a measles outbreak in Fiji, civil unrest in Solomon Islands and a few localized emergencies.

While Fiji was the only one that experienced community transmission of COVID-19, all 14 Pacific Island Countries and Territories (PICTs) supported by UNICEF Pacific were adversely affected. By the end of 2021, Fiji had 53,332 cases of COVID-19 and 698 deaths, with large-scale community transmissions in three of the country's four administrative divisions. The other 13 PICTs suffered from significant economic hardship caused by COVID-related restrictions, including border closures, which decimated the tourism industry. The pandemic also put women and girls at increased risk of physical and sexual violence. Schools in the 14 PICTs re-opened and resumed classroom learning in 2021. However, schools were once again closed in Fiji from April to November during the surge of community transmissions. Kiribati closed schools for two weeks in May as a precaution after an imported case.

In close coordination with partners, UNICEF Pacific continued to provide technical and financial assistance to respond to COVID-19. Key activities including procuring and distributing personal protective equipment (PPE) for frontline workers, training health workers on infection prevention and control (IPC), providing water, sanitation and hygiene (WASH) infrastructure for health facilities and schools, distributing WASH kits and other supplies for populations affected by lockdowns and isolation, strengthening child protection and mental health and psychosocial support (MHPSS), promoting COVID-19 prevention measures through risk communication and community engagement (RCCE) interventions, assessing the socio-economic impact of the pandemic, and supporting the safe reopening of schools and continuity of learning through remote classes.

A few months before the surge of COVID-19 cases in Fiji, the country was hit by two severe cyclones. Category-5 TC Yasa made landfall at Vanua Levu, Fiji's second largest island, in late December 2020. Category-3 TC Ana hit the main island of Viti Levu in January 2021. Approximately 30,000 people, including around 12,000 children were affected by the two cyclones. In response, UNICEF provided crucial health, nutrition, WASH and education supplies, including therapeutic milk, ready-to-use therapeutic foods (RUTFs), vitamin A supplements, WASH and dignity kits, WASH in school kits, tents used as temporary classrooms, school-in-a-box kits, early childhood development (ECD) kits and recreation kits. UNICEF also provided operational and logistical support to Fiji's Ministry of Health and Medical Services (MHMS) in the distribution and assessment of the supplies provided. Priority support was given through the MHMS-led WASH Cluster, with UNICEF supporting a surge team of international and national consultants to support coordination and data management, which was subsequently extended to also support the COVID-19 response.

In mid-November 2021, Fiji had to contend with a new threat of disease outbreak as two measles cases were confirmed in the Serua/Navosi Sub-Division, just outside of the capital, Suva. UNICEF coordinated with the World Health Organization (WHO) to provide technical support to MHMS during the planning and coordination meetings to roll-out the supplementary immunization activity and the nation-wide catch-up campaign. UNICEF procured 51,940 doses of measles vaccines and 16,940 doses of oral polio vaccines for the response actions.

Humanitarian thematic funds contributed to reaching more than 20,000 children with WASH emergency interventions and supplies in Fiji, Vanuatu and Solomon Islands. Humanitarian thematic funds also contributed to reaching 1,961 children and 649 caregivers in Fiji, with direct child protection interventions and parenting and mental health advice.

In 2022, UNICEF Pacific will continue to support the governments of 14 PICTs in responding to emergencies and building national and local capacity to strengthen preparedness and resilience. The work plan includes supporting the response to COVID-19, including addressing the associated socio-economic impacts. The work plan also calls for strengthening preparedness to respond to disaster events, including maintaining prepositioned emergency supplies in six PICTs and the Australian humanitarian warehouse in Brisbane. Humanitarian cash transfers, through existing government social protection scheme, will be explored as a viable option to aid those people most in need. UNICEF Pacific estimates a funding need of US\$11.325 million to enable it to respond to the critical needs of children and their families during emergencies across the 14 PICTs. This funding – particularly flexible or softly earmarked funds – will enable UNICEF to provide life-saving services and supplies to the most vulnerable children and families in the Pacific, prepare for future emergencies, and respond strategically where the needs are greatest.

## 1. Humanitarian Context

Like the rest of the world, the COVID-19 pandemic dominated headlines in the Pacific in 2021. While Fiji was the only PICT that experienced community transmission of the virus, all 14 PICTs supported by UNICEF Pacific were adversely affected.

After more than a year of successfully keeping COVID-19 at bay in Fiji, a breach in the quarantine facility kicked off the surge of cases that started in April 2021. Prior to the breach, Fiji had had only 68 cases, all imported, and 2 deaths.<sup>1</sup> By the end of 2021, these figures had ballooned to 53,332 cases and 698 deaths, with large-scale community transmissions in three of the country's four administrative divisions.<sup>2</sup>

The impact of the pandemic in the 13 other PICTs in 2021 was mainly economic and social. At the end of 2021, Cook Islands, Kiribati, the Federated States of Micronesia (FSM), Nauru, Niue, Tokelau and Tuvalu remained COVID-19-free, with no recorded cases, while the Republic of the Marshall Islands (RMI), Palau, Tonga and Vanuatu had had a total of only 24 recorded cases, all imported and detected in border quarantine with no local transmission.<sup>3</sup> However, the threat of importation was such that nine PICTs declared states of emergency (FSM, Nauru, Palau, RMI, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu), and at least four imposed partial or full lockdowns (Fiji, Kiribati, Tonga and Vanuatu). International borders remained closed, and only repatriation flights were allowed to come in for most of 2021.

Before COVID-19, Pacific economies were largely dependent on tourism, fisheries, informal agriculture and remittances. Unemployment rates were high, particularly among young people, and informal work was prevalent. Gender disparity in employment outcomes was also a concern. The global pandemic exacerbated these labour market conditions.<sup>4</sup> Border closures wiped out tourism revenues, the decrease in global demand and supply chains disruptions shrunk incomes from agriculture and fisheries, and the value of remittances fell due to a decrease in overseas employment and migration. Women were disproportionately affected because they generally earn less than the men and are more likely to be engaged in low-paying, informal, unstable work.<sup>5</sup> A few countries, like Fiji and the Cook Islands, started opening up to tourists by the end of the year.

The COVID-19 pandemic also put women and girls at increased risk of physical and sexual violence. The Pacific already had some of the highest rates of violence against women and girls in the world, according to Pacific Women. In Vanuatu, 60% of women are reported to have experienced physical or sexual violence by an intimate partner; in Solomon Islands and Fiji the rate is reported at 64%, and at 68% in Kiribati.<sup>6</sup> For women already living in abusive and violent relationships, enforced social isolation and quarantine are particularly dangerous, putting women at risk because they are confined with their abuser.<sup>7</sup>

Schools in the 14 PICTs re-opened and resumed classroom learning in 2021. However, schools were once again closed in Fiji from April to November during the surge of community transmissions. Kiribati closed schools for two weeks in May as a precaution after an imported case.

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<sup>1</sup> WHO, *COVID-19 Epidemiological Update*, 16 April 2021.

<sup>2</sup> WHO, *Pacific COVID-19 Daily Epidemiological Update*, 31 December 2021.

<sup>3</sup> WHO Western Pacific Region, *Coronavirus Disease 2019 (COVID-19) External Situation Report #86*, 5 January 2022.

<sup>4</sup> Office of the High Commissioner for Human Rights, *Human Rights in the Pacific: A Situational Analysis 2020*.

<sup>5</sup> Pacific Women, *Thematic Brief- Gender and COVID-19 in the Pacific: Gendered Impacts and Recommendations and Response*.

<sup>6</sup> *Ibid.*

<sup>7</sup> *Ibid.*

A few months before the surge of COVID-19 cases in Fiji, the country was hit by two severe cyclones a few weeks apart. Category-5 TC Yasa made landfall at Vanua Levu, Fiji's second largest island, in late December 2020. Category-3 TC Ana hit the main island of Viti Levu in January 2021. Around 30,000 people, including around 12,000 children (6,000 girls, 6,000 boys) were affected by the two cyclones. TC Yasa wrought extensive wind damage, while TC Ana brought widespread flooding. COVID-19-related lockdowns and restrictions, even for domestic travel, practically suspended the cyclone recovery and rehabilitation efforts. Some activities, such as trainings, had to be conducted virtually, while others that require physical presence were deferred until restrictions were lifted.

In mid-November 2021, Fiji had to contend with a new threat of disease outbreak as two measles cases were confirmed in the Serua/Navosi Sub-Division, just outside of the capital, Suva. This is the area that was the hotspot during the measles outbreak in 2019.

In Solomon Islands, protest actions led by Malaita residents in late November turned into a three-day riot that left three people dead and the capital's Chinatown totally gutted.<sup>8</sup> Australia, Fiji and Papua New Guinea sent police to help the government quell the riot and restore order. At least 67 buildings were burned and looted. More than 1,000 people were left unemployed. The Solomon Central Bank estimated the cost of the damage at US\$534 million, which would lead to a contraction of Solomon Island's economic growth in 2021 by 0.6%.<sup>9</sup>

## 2. Humanitarian Results

### A. Overall Reporting on Results

#### **COVID-19**

UNICEF is a member of the Pacific COVID-19 Joint Incident Management Team (JIMT), led by WHO, which coordinates COVID-19-related support to PICT governments. The JIMT assumes the role of the Health Cluster for COVID-19 in the Pacific Humanitarian Team. It is organized into pillars, which are essentially working groups for specific areas. UNICEF is involved in the following pillars:

- Vaccines
- Partner coordination
- Health operations and technical expertise, including:
  - Health service delivery
  - Case management
  - RCCE
- Operations support and logistics

UNICEF supported the development of the Pacific COVID-19 Health Sector Support Plan. Phase 3 of the plan, for which implementation began in January 2021, was focused on vaccination. In the Pacific context, where most countries either remained free of COVID-19 cases or were COVID-19-contained, the goal was to prevent COVID-19 outbreaks and severe COVID-19

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<sup>8</sup> Kirsty Needham, Reuters. Explainer: -What is behind unrest in the Solomon Islands? <https://www.reuters.com/world/china/what-is-behind-unrest-solomon-islands-2021-11-29/>

<sup>9</sup> Central Bank of the Solomon Islands, *Riot Impact Assessment 2021*. <https://www.cbsi.com.sb/riot-impact-assessment-november-2021/>

disease. The goals of the two previous Pacific COVID-19 health sector support plans were health system preparedness for COVID-19 introduction (Phase 1), and outbreak containment and mitigation of wide-spread community transmission (Phase 2). These plans helped to address the activities described in Pillars 1-9 of the global strategic plan.<sup>10</sup> Some activities from Phase 1 and 2 continued in 2021.

As per the Pacific COVID-19 Health Sector Support Plan, UNICEF provided targeted support to all 14 PICTs for logistics planning, supply chain management support, cold chain capacity improvements and monitoring, training and microplanning, social and behaviour change (SBC) communication and social mobilization, demand generation, and supplementary immunization activities. UNICEF also supported improved WASH in health facilities and schools, including needs assessments, the procurement of supplies, the provision of guidelines and training on how to properly follow WASH protocols and procedures, and support for the safe reopening of schools and continuity of learning through remote classes.

### Results Table

Indicators (2021)	UNICEF target <sup>11</sup>	UNICEF results <sup>12</sup>
<b>Nutrition</b>		
Number of children 6 to 59 months of age with severe acute malnutrition admitted for treatment	1,500	83
Number of children and adolescents receiving messages on healthy diets	300,000	9,015
<b>Health</b>		
Number of children and women accessing primary health care in UNICEF-supported facilities	n/a	75,113
Number of children vaccinated against measles	n/a	43,531
<b>WASH</b>		
Number of people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services	162,000	83,511
Number of people provided with access to appropriately designed hygiene and sanitation facilities	120,000	20,021
<b>Child Protection</b>		
Number of children and caregivers accessing mental health and psychosocial support	375,000	600,000 <sup>13</sup>
<b>Education</b>		
Number of children accessing formal or non-formal education, including early learning	54,900	11,218
Number of children with disabilities supported with access to learning	1,290	294
<b>Social and Behaviour Change</b>		
Number of people reached through messaging on key life-saving behaviours and access to services	400,000	1,385,300

<sup>10</sup> WHO, *COVID-19 Strategic Preparedness and Response Plan (SPRP 2021)* <https://www.who.int/publications/i/item/WHO-WHE-2021.02>

<sup>11</sup> UNICEF targets are based on the Pacific Island part of the EAPRO HAC 2021.

<sup>12</sup> Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

<sup>13</sup> People who have been reached with radio messages on MHPSS, Child Online Protection and Good Touch/Bad Touch

## **Tropical Cyclones**

In addition to providing technical support to Fiji's national clusters for WASH, education, health and nutrition, and gender and protection for the coordination of the response, UNICEF staff were deployed to the Northern Division to help in the damage assessment and local coordination of relief efforts. Five staff were sent to different locations to document the situation, facilitate aid relief, and ensure that children and vulnerable families were given priority.

Emergency supplies prepositioned in-country were mobilized for the first wave of the response. Every available opportunity was considered for the quick delivery to the affected areas. For example, UNICEF accepted the offer of the cruise ship *Nai'a* to deliver relief supplies to Vanua Levu. WASH kits, water containers and education supplies were delivered to affected people in three outlying islands in the Northern Division. The cruise ship filled 200 UNICEF water containers with drinking water through their on-board desalination plant before they were distributed.

UNICEF supplies stored in the Australian humanitarian warehouse in Brisbane were also mobilized to augment the supplies for TC Yasa. The Australian Department of Foreign Affairs and Trade (DFAT) and the Australian Defense Force provided transport assistance to UNICEF for their delivery to Fiji.

Approximately 74 tons of emergency supplies, with an estimated total value of more than US\$355,000 were dispatched to Vanua Levu via air and sea within the first few weeks of the disaster event. The supplies included school tents, school bags, recreation kits, ECD kits, tarpaulins, WASH and dignity kits and water containers.



*Emergency response materials arrive in Fiji from Australia after TC Yasa. © Australian High Commission, Suva*

## B. Narrative report

### **COVID-19**

#### Health and Nutrition

During 2021, PICTs continued to be adversely affected by the unprecedented impacts of COVID-19. While Fiji was the only PICT to experience community transmission of COVID-19, essential health and nutrition services were disrupted in all PICTs. Health workers were redeployed to COVID-19 vaccination and quarantine management, rendering them unavailable to deliver essential services, including routine immunization. UNICEF and WHO issued a joint letter to 14 ministers of health highlighting the downward trend in immunization

*Table: National MCV2 coverage in select PICTs, 2021*

PICT	MCV2 National Coverage
Kiribati	57%
FSM	67%
Palau	83%
Samoa	44%
Solomon Islands	51%
Tuvalu	85%
Vanuatu	78%

coverage and urging immediate action to improve coverage. There was a decreasing trend in vaccination coverage. Only eight PICTs met the global target of 90% coverage for the diphtheria, pertussis and tetanus (DPT3) vaccine, and half of PICTs fell significantly below the global target of 90% coverage for the measles-containing-vaccine second dose (MCV2) (see Table). Declining coverage resulted in measles cases in Fiji and pertussis cases in Kiribati.

UNICEF's support for COVID-19 preparedness and response, including COVID-19 vaccination,<sup>14</sup> were the primary focus in 2021. UNICEF coordinated its approach to delivering an integrated health, WASH, and RCCE COVID-19 response in Fiji, while strengthening preparedness and supporting vaccination efforts in all 14 PICTs.

In 2021, Fiji was the only PICT with community transmission of COVID-19. UNICEF supported the national response efforts with the procurement of 306 high-performance tents used as temporary screening and testing clinics in remote and densely populated areas. UNICEF also trained frontline health workers on the use of PPE and best practices to protect themselves. Direct technical assistance to Fiji's MHMS on supply chain and data strengthening was a core contribution to the national COVID-19 outbreak response, including participation in emergency coordination forums led by MHMS.

UNICEF mapped health capacities in 14 PICTs to inform the procurement and distribution of US\$6.2 million worth of COVID-19 supplies and equipment, including PPE for 8,179 frontline health workers, oxygen and other medical equipment, and testing equipment and supplies. These supplies were delivered via commercial air, sea freight and special World Food Programme (WFP)-arranged charter flights. The WFP charter flights were provided free-of-charge to UNICEF through the Pacific Humanitarian Pathway on COVID-19, which provided significant cost savings.

In December 2021, UNICEF Pacific procured 83,750 polymerase chain reaction (PCR) test cartridges for PICTs. The GeneXpert Xpress CE-IVD SARS-CoV-2 kit/10T remains the 'gold standard' WHO-approved PCR testing methodology, which is uniformly in use across the Pacific. UNICEF will continue to monitor the consumption rates of cartridges and emerging needs through

<sup>14</sup> Please note that interventions for the roll-out and delivery of COVID-19 vaccination will be covered in UNICEF's global report on funds raised against the global 2021 ACT-A appeal.

active participation in the JIMT Laboratory Cell. It is projected that COVID-19 will last well beyond 2022 and that countries in the Pacific will continue to rely on these cartridges for early detection of COVID-19

UNICEF led the delivery of COVID-19 vaccines from the COVAX Facility, advocated, coordinated and assisted country readiness to receive additional vaccines from other sources, and played a leading role in country readiness. Cold chains and supply chains were augmented in 13 PICTs, with cold chain capacity increases ranging from approximately 20% in Tonga and Tuvalu, to more than 100% in Solomon Islands (more than doubling the capacity), enabling the handling of 70,667 additional vaccine doses in Tonga and Tuvalu, and 2.2 million extra doses for all antigens in Solomon Islands. In addition, UNICEF partnered with the Pacific Community (SPC) to provide PICTs with COVID-19 emergency response supplies (laboratory equipment, PPE) for the Cook Island, Fiji, Kiribati, Nauru, Samoa, Solomon Island, Tokelau, Tonga, Tuvalu and Vanuatu.

UNICEF launched a distance education programme for public health workers called “Health Care on Air”, providing guidance and instruction on delivering services during COVID-19 in rapidly developing new areas of knowledge and specialization. The programme used radio and other communication platforms, such as Facebook, Viber and phone, to equip health workers with the knowledge, skills and confidence necessary to protect themselves and deliver the best quality services during the pandemic. HCOA reached an estimated total of 4,439 nurses and midwives (75% of the overall target group) in 12 PICTs.<sup>15</sup> Portable solar-powered AM-FM radios were procured for remote health facilities, enabling health workers to access the episodes.

To enable participants to submit questions to be addressed in following episodes, and to share feedback, the SMS-based two-way communication system RapidPro was used. The same system allowed participants to access key summaries of each episode for their reference. Trainings were held for country-coordinators providing technical support to participants.

In Fiji, messaging apps such as Viber were used to complement the HCOA broadcasts. Nurses from medical divisions and sub-divisions were organized into chat groups to discuss each episode, share feedback and provide each other with support. Moreover, on-site and remote monitoring and supervision were conducted to support nurses who were encountering difficulties in accessing the programme and feedback mechanisms. As a result of this monitoring, two interns dedicated to the promotion and registration of nurses in Fiji were recruited, which contributed to the increased registration and participation of Fiji nurses in HCOA.

More than 300 doctors, nurses and other health workers from six countries (FSM, Kiribati, RMI Samoa, Solomon Islands and Vanuatu) received a five-day training on the integrated management of acute malnutrition, especially on the management of severe acute malnutrition (SAM) during emergencies, including COVID-19. Children with SAM need to be quickly identified and treated as they are ten times more likely to die than normal children. In any disaster and emergency, there is an increased likelihood for children to suffer from SAM or moderate acute malnutrition (MAM). With this training, the health workers gained knowledge and skills in management of children with acute malnutrition, including on screening and assessing children, referring and treating children who are identified as SAM or MAM, with or without medical complication. Children with SAM or MAM without medical complications can be treated with RUTF prepared locally or procured. Children with medical complications are treated within the

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<sup>15</sup> Samoa and Palau opted out of the programme.

specialized hospital. This was the first time for any doctors and health workers to receive this kind of training, particularly in FSM, RMI and Samoa.

With support from UNICEF, Kiribati developed several high-impact nutrition interventions, which were integrated within the public health care system. The emergency nutrition programme provides children with vitamin A supplementation, deworming tablets and screening for malnutrition (found in nearly 1% of total screened), and referral to health facilities for treatment as needed. This initiative also shares nutrition messages through a range of media and community-based platforms, such as radio talkback, SMS, roadshows, practical cooking demonstrations and promotion to community members through churches and non-governmental organizations (NGOs).

## WASH

In 2021, UNICEF Pacific supported the WASH-related response to COVID-19 across nine PICTS (Fiji, FSM, Palau, Kiribati, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu). The response varied significantly between countries depending on COVID-19 status. For most countries, the priority was on preparedness activities as they did not have significant cases of COVID-19 in 2021. However, in Fiji, which did experience significant community transmission during the year, major response activities were conducted during the second half of 2021. Most interventions focussed on schools and health facilities as key entry points, with additional support provided directly to vulnerable communities. Key events such as Global Handwashing Day were used as a platform for promoting key hygiene messages.



*Students displaying murals and key hygiene messages during World Water Day in FSM.*  
© UNICEF Pacific 2020 / Bacareza

**Palau:** In partnership with Palau's Ministry of Education (MOE), a total of six public schools benefitted from improved WASH facilities, reaching 2,111 students, teachers and staff.

**FSM:** At the national level, UNICEF provided 2,500 school hygiene kits, benefiting 20,000 school children (50% girls). Fifty public facilities, including places of worship, ports and government offices received heavy duty automatic hand sanitizer dispensers, directly benefitting more than 5,000 people. In Chuuk State, UNICEF supported the formulation of school operational procedures, which included IPC measures for COVID-19, benefiting 75 schools. In Kosrae State, UNICEF, in partnership with Department of Health and Social Affairs, provided water storage tanks, fittings and materials to vulnerable communities in all four municipalities, benefiting 1,189 people. In Pohnpei State, an assessment of religious facilities, schools and health facilities was completed. Findings presented to the state governor informed preparedness planning for and improvements.

**Solomon Islands:** UNICEF supported the planning of WASH interventions to improve IPC and waste management in health facilities, including procurement of emergency supplies for 29 health facilities (4 hospitals, 5 area health centres and 20 rural health clinics).

## Case Study: Improving the suitability of WASH kits through a mobile-based survey in Fiji

**Top level results:** As part of the response to COVID-19 in Fiji, an innovative mechanism was piloted to assess the suitability and acceptability of household WASH kits distributed by UNICEF. Early in the response, 4,000 kits were distributed with instructions that asked beneficiaries to scan a QR code or send a toll-free SMS to confirm receipt. Those who did were invited to provide feedback through a short mobile survey based on UNICEF's RapidPro tool a week later. Participation was possible through SMS or messaging app Viber. A total of 650 beneficiaries registered for the survey and 330 complete responses were collected. Nearly three-quarters of respondents found the kit "very useful", with sanitizer, sanitary pads and masks reported as the most useful items. The pilot provided quick and actionable feedback, allowing UNICEF to adjust the kits' contents for the remainder of the response.

**Background:** While Fiji's first wave of COVID-19 was successfully contained, the second wave which began in April 2021 led to widespread community transmission on Viti Levu, Fiji's largest island and population centre. Many primary and secondary contacts were ordered to self-isolate at home to help stop further spread of the virus. Most households had sufficient WASH products or financial means to purchase supplies for the 14-day home isolation period. However, many people living in informal settlements had inadequate resources. In this context, household WASH kits, including sanitizer, sanitary pads, masks, soap, and other supplies, were distributed between May 2021 and October 2021.

**Resources:** Amidst the COVID-19 pandemic, the distribution of household WASH kits was led by Fiji's MHMS and supported by UNICEF. The RapidPro survey was developed through a collaboration between UNICEF Pacific's Technology for Development and WASH teams, it was reviewed and approved by the MHMS WASH Cluster Coordinator and Chair. The communications team at UNICEF developed an eye-catching, easy-to-understand instruction label. Multiple donors, including thematic funding and USAID's Bureau for Humanitarian Assistance, supported the pilot, including procurement of the WASH kits, door-to-door delivery by distribution teams and the development, dissemination and analysis of the mobile survey.

**Progress and results:** During emergency responses, UNICEF has a core commitment to accountability to affected population (AAP). In this case, UNICEF and its partners wanted to assess the suitability and acceptability of WASH kits early in the intervention, with the results used to update the contents of the kit to better address beneficiaries' needs.

With only four questions, the RapidPro-based survey was kept as short as possible to maximize uptake:

1. Rate how useful the kit was
2. What was the most useful item?
3. What was the least useful item?
4. What could be improved/added to the kit?

The key results include:

- 73% of respondents found the kit "very useful", another 10% either fairly useful or useful.
- Sanitizer, sanitary pads, and masks were reported as the most useful.
- Sanitary pads, sponges and leaflet were reported as the least useful.
- Sanitary pads were reported as both useful and not useful, highlighting limitations within the survey (e.g., the respondents were not asked to indicate their gender identity).
- 21% reported that no improvement could be made to the kit.

The conclusion was that the intervention was successful, with the affected population happy with the contents, finding the kit very useful.

This feedback, as well as consultations with cluster partners, were considered in revisiting the composition of household WASH kits. Items that were considered less useful have been removed and, where necessary, quantities of other items were increased.

**Criticality and value addition:** The pilot was successful as it provided quick and actionable feedback during the early distribution of the kits that was used to adjust the content of the kit to better meet the needs of the target population during the remainder of the distribution period.

After initial setup, there was no ongoing running or additional costs (apart from printing stickers) or human resources required to expand the survey. A benefit of the method used was that each recipient household was given the opportunity to share feedback, which provides an opportunity for a large sample size. In addition, remote surveys limit the potential for acquiescence bias.

**Challenges and lessons learned:** RapidPro proved an excellent tool in collecting data quickly and directly from beneficiaries. It is well suited to areas where physical access is restricted, and the data needed to be collected is simple in nature. It has some limitations and places the onus on the recipients of aid to be more proactive in their engagement. As the data output from RapidPro is well structured, it is easy and fast to process it, quickly draw conclusions and present the findings. The rapid collection of data from beneficiaries during the emergency response allows for near real-time modifications to the contents of the kits, improving AAP.

However, there were some limitations, the most significant of which was the lack of data disaggregation by gender, age or other parameters. Collecting this type of data through an SMS-based survey is both cumbersome and data-intensive, leading to survey fatigue and lower response rates.

The dataset is also limited by the self-selection of respondents. The tool requires the recipient to have a good understanding of SMS or Viber and be in possession of a phone. However, that may not be the case in all instances and efforts should be made to ensure that vulnerable and hard-to-reach populations have access to beneficiary surveys.

**Moving forward:** Collecting beneficiary feedback in a timely and inexpensive manner through RapidPro could have a positive impact on UNICEF's response to future emergencies. Preparation of standard forms for distribution-monitoring surveys in RapidPro would allow for quick uptake of this methodology across UNICEF. Standardizing the forms would allow information management teams to easily compare data across events and time and quickly link to cluster dashboards.

Integrating data collected at the time of delivery, such as beneficiary disaggregation and location data, would enable better data and information management during emergency responses. In this respect, AAP during emergency aid delivery could be improved.



*Distribution of WASH COVID-19 household kits in Fiji. © UNICEF Pacific 2021*

**Fiji:** UNICEF established a partnership with the NGO Field Ready that supported the installation of 47 foot-operated-taps in nine health facilities being used as isolation and treatment centres, benefitting an estimated 4,700 patients and staff. Moreover, Field Ready installed portable handwashing stations at the main hospital in Fiji, where COVID-19 patients were treated. Further foot-operated-taps were pre-positioned at the MHMS' warehouse and allowed for accelerated set-up at two emergency hospitals in Suva during the second wave of COVID-19 in early 2021. During the first wave of COVID-19 pandemic in Fiji, UNICEF supported the WASH Cluster and MHMS with critical WASH supplies such as disinfectants, hand sanitizer and pedal dustbins, which were provided to 25 hospitals and health centres that cater to approximately 1,250 patients and staff. During the second wave, demands were especially high from the hospitals that were used as isolation centres, emergency hospitals and community isolation centres. Critical WASH supplies, such as disinfectant and soap, gloves and waste bins for the disposal of waste, and mechanical sprayers to disinfect high-touch surface areas in hospitals and fever clinics, were procured and distributed to meet these urgent needs.



*Medical staff at Ba Mission Hospital, Fiji, using foot-operated tap. ©Field Ready 2021 / Nambiar*

To help support vulnerable families under home isolation, UNICEF supported the distribution of 8,592 WASH COVID-19 household kits. The kits contained buckets, soaps, disinfectant, sponges, sanitary pads, toothbrushes, toothpaste and COVID-19 posters, benefitting approximately 39,818 people from 7,556 families.

UNICEF supported Fiji's Ministry of Education, Heritage and Arts (MEHA) with planning for safe school reopening. This included remote training of 2,000 teachers from early childhood education (ECE), primary and secondary schools on the WASH school guidelines and checklist for re-opening. WASH in school kits were supplied to vulnerable schools and handwashing stations were constructed in 12 schools, benefitting more than 2,000 students. Additional water storage was also provided to support handwashing for approximately 10,000 students in Central and Western divisions.

**Kiribati:** UNICEF support was provided to health facilities and schools. UNICEF partner Field Ready developed a user manual, information sheet and instruction video on foot-operated taps. These guides were used by the Ministry of Health (MOH) staff to establish foot-operated taps to rehabilitate handwashing facilities in 15 health care facilities and 22 community-based influenza-like illness centres, supporting an estimated 39,000 health workers and patients.

The MOE disseminated WASH and COVID-19 preventative messages through the Government Broadcasting Service, reaching all schools in Kiribati. UNICEF worked with the MOE to construct 83 handwashing stations in 22 schools on South Tarawa, benefitting 15,440 students (8,320 girls, 7,120 boys). Along with the construction of handwashing stations, the MOE was supported with funding to procure and distribute cleaning materials and handwashing soap to support the operation and maintenance of WASH activities and infrastructure at the 22 schools.

### Foot-Operated Handwashing Stations Installed in Health Facilities in Kiribati

With support from UNICEF and USAID, foot-operated handwashing stations have been installed in all health care facilities in South Tarawa in Kiribati. The design of the handwashing station is very simple, with all materials available in the island. And most importantly, it harnesses local engineering skills and knowledge to ensure its continuous operation and sustainability.

People visiting the clinics appreciate the handwashing stations. They even prefer it over the normal tap: “It is simple and very easy to use. Also, it is more hygienic than the normal tap, as nothing has to be touched. You can control the flow of water by pressing harder or lighter with your foot to let the water run slowly or faster. Thanks to its design, you don’t get water over you or even dirty drips of soil from the ground. It is the perfect local handwashing facility so far!”



Health workers using the newly set up handwashing stations at health care facilities on South Tarawa, Kiribati. © UNICEF Pacific 2020 / Beia Timm

**Tonga:** In Tonga, through Oxfam and the National Youth Council, 150 frontline community police in 60 villages were trained in good hygiene practices and maintaining the washstands provided to their 66 community police stations. Handwashing posters, good practice information and 330 COVID-19 handbooks were distributed. In addition, 23 Kava<sup>16</sup> clubs in communities were also trained in safe hygiene practices for traditional kava practices.

**Samoa:** In Samoa, ADRA Samoa conducted WASH awareness, disseminating key messages on the main island of Savai'i. In addition 1,241 WASH and dignity kits were distributed in Upolu and Savai'i, targeting affected families and high-risk, single-women-headed households, benefiting 15,129 people, including 437 living with some form of disability.

**Tuvalu:** Support to Tuvalu's MOH was provided through the installation of 13 rainwater tanks (3,100 litres volume each) at the main hospital in Funafuti and eight health clinics on the outer islands, directly benefitting 134 staff and 12,000 patients. In addition, a year's supply of critical cleaning and hygiene materials were delivered to the country's main hospital, the Princess Margaret Hospital. The supplies included rubber gloves, disinfectants, hand sanitizers, soap, paper towels and toilet paper. Supported from UNICEF and NGO Live and Learn Environmental Education Tuvalu supported the MOE and MOH with the distribution of 5,100 bars of soap to 27 schools in the outer islands, including Funafuti, and eight health facilities. This benefitted about

<sup>16</sup> Traditional, ceremonial beverage.

2,440 students, 59 disabled students, 154 teachers, 13 health workers and more than 10,000 people.

**Vanuatu:** UNICEF continued to support the MOH, Department of Water Resources (DOWR) and Ministry of Education and Training (MOET) in their efforts to increase handwashing practices through hygiene promotion awareness and installation of handwashing stations during social events such as Fest Napuan, Vanuatu least-developed country graduation celebration, and Global Disability Day, reaching about 1,000 people, including 30 persons living with disabilities. DoWR installed permanent handwashing stations in seven schools in Tafea Province, benefitting 600 students and teachers (300 male, 300 females).



*Primary school students in Aneityum, Vanuatu, wash their hands before lunch with handwashing devices provided by UNICEF. ©Loniel Tari, Tafea DoWR, 2021*

Support was provided to the MOH, DOWR, and MOET for the shipment and distribution of 12,760 bars of soap in 89 schools, benefitting 25,333 students and teachers. UNICEF supported the MOH to develop a national WASH in health facilities assessment tool. Seventy-five health workers, health committee members and public health staff were trained and have developed healthcare facility improvement plans for 17 health facilities. Critical IPC supplies were procured for 12 health facilities. WASH services are under construction in these health facilities to connect local boreholes, community gravity-fed systems or rainwater tanks. These facilities serve approximately 20,000 people (5,000 children, 7,500 men; 7,500 women) and health workers in four provinces. In addition, 1,308 bars of soaps were distributed to 56 health facilities on the island of Efate, Shefa Province, benefitting 112 health staff.

Finally, the MOH established a national and provincial IPC committees in all six provinces to establish an IPC programme, develop IPC standards, policies, guidelines and oversee the implementation of IPC activities in Vanuatu. In May 2021, UNICEF partnered with SPC to review and finalized national IPC guidelines. Training was provided to 159 health care workers in six provinces.

### [Child Protection](#)

In response to the COVID-19 outbreak in Fiji, UNICEF developed and disseminated messaging on child protection and MHPSS through radio, television and social media, reaching an estimated 90% of the population. Children and adults were provided with information on signs of abuse and where to report and access services, signs of distress and where to seek psychosocial support, and parenting and mental health tips. In addition, recreational kits were provided to 100 children (58 girls, 42 boys) and mother-baby kits to 100 mothers and babies (62 girls, 38 boys) in COVID-19 isolation centres. UNICEF partnered with national NGO Empower Pacific, which provided counselling services to 361 children (180 girls, 181 boys) and families affected by COVID-19.

To address mental health and psychosocial issues, particularly in the context of the reopening of schools following COVID-related closures, UNICEF developed short training modules on child protection and psychosocial support. UNICEF directly trained 821 teachers (364 women, 457 men) and indirectly trained 3,356 more (1,935 women, 1,421 men) through training of trainers in Fiji, Solomon Islands and Tuvalu. As a result, children will benefit from a supportive environment

and will receive psychological first aid from child protection focal points or will be referred to ministry counsellors. In Tonga, 80 church volunteers trained in psychosocial support, psychological first aid and community awareness by the Ministry of Internal Affairs' Church Leaders Desk applied their skills to support within their communities. Parents who participated in awareness-raising activities in over 100 villages were enabled to identify signs of distress and provide support to their children or request help from trained volunteers. Multi-sectoral groups of frontline service providers in Kiribati (12 women, 8 men) and Samoa (68 women, 32 men and 2 non-binary), including both governmental and non-governmental staff, participated in trainings on MHPSS, including psychological first aid.

### Education

UNICEF supported eight countries (Fiji, FSM, Kiribati, RMI, Samoa, Solomon Islands, Tuvalu and Vanuatu) to implement their national education COVID-19 contingency and response plans. Based on the needs of each country, support was provided around learning continuity, system strengthening and safe school operations/reopening. UNICEF served as grant agent for Global Partnership for Education (GPE) funds in six countries and leveraged core and other resources for the COVID-19 response.

The ministries of education in Fiji, FSM, Kiribati, RMI and Vanuatu were provided with technical and financial assistance to develop home-learning resources in print, radio, television and online formats, including support materials for parents. Trials were conducted to pilot and inform the revision of remote-learning systems in FSM, Kiribati and RMI. Approximately 3,000 children in Kiribati were reached with Learning Passport lessons, and 7,000 with radio lessons during the one-week remote learning trial, with access rates for children with disabilities comparable to overall access rates. A total of 1,183 children were reached by trials in RMI, while FSM developed both print and radio packages, also available online, which were evaluated by 165 students, 148 parents and 11 teachers. A total of 11,218 children across the Pacific benefitted from these home-learning materials in 2021 (20% of target). This deviation from the target reflects the fact that schools remained open in most countries throughout 2021. Home-learning materials were therefore prepared in anticipation of possible school closures but have not yet been needed. Capacity-building of teachers to develop remote-learning materials was undertaken in Kiribati (21 trainers, 635 teachers), Tuvalu (10 trainers, 61 teachers) and Samoa (1,155 teachers). In addition to modules on online teaching strategies, the teacher training and workbook also included a module on remotely supporting students' well-being.

The overlapping disasters of COVID-19 and multiple cyclones in 2020 prompted the development and implementation of intersectoral trainings on safe schools in 2021, integrating COVID-19 protocols with school-based disaster risk reduction. With UNICEF support, the resulting safe schools training programmes were developed and implemented in Fiji and Solomon Islands, covering COVID safety protocols, disaster risk reduction, psychosocial support, WASH and learning continuity. In Solomon Islands, 494 teachers, 432 school leaders and 384 school management committee members from 432 schools were trained as provincial trainers to roll-out the programme at schools nationwide. In Fiji, the training reached 196 schools (96% of total) in the Northern Division (196 school leaders, 108 school management committee members) in early 2021, before the second outbreak halted further trainings. Other divisions were eventually reached virtually as part of the safe school reopening campaign (see below). Across the supported countries, a total of 1,637 schools were supported in implementing safe school protocols (52% of target).

In Fiji, UNICEF successfully advocated with the ministries of education and health for schools to reopen and provided technical and financial support to school reopening trainings, guidelines and

materials, contributing to a phased reopening of schools, starting with the return of Year 12 and 13 students in November 2021 after six months of school closures. Online safe schools reopening training was conducted for 719 primary and 176 secondary schools (98% of all schools nationally), accompanied by extensive communications and SBC<sup>17</sup> efforts to support the reopening of all schools.

Multiple countries used the RapidPro platform to capture data related to learning continuity and safe school initiatives. In Kiribati, two RapidPro SMS surveys reached all 47,000 mobile subscribers nationally, one conducted to assess the reach and impact of a COVID-19 awareness song disseminated in 2020, and a second to assess the accessibility and effectiveness of remote learning modalities. Responses to the second survey, along with qualitative data collected through interviews with eight parents, eight teachers and three students across four islands (Kiritimati, Maiana, Marakei and Teraina) were critical in identifying key barriers to access to remote learning modalities and are now being used to refine systems to ensure equitable access. Fiji also conducted a RapidPro SMS survey to assess the reach and effectiveness of remote learning for teachers, parents and students during school closures. The survey reached 3,983 respondents across Fiji. The results identified challenges faced by students, parents and teachers in different localities across the country and will inform the government's and partners' planning for future remote learning initiatives. In Solomon Islands, RapidPro was used to monitor implementation and outcomes following province-level safe schools trainings, allowing for real-time monitoring of training sessions for the first time.

### Social and Behaviour Change

After the declaration of COVID-19 as a pandemic, UNICEF was quick to activate its SBC network and provide support to ministries of health and other relevant government ministries, departments, and other partners involved in RCCE. UNICEF assisted Fiji, FSM, Kiribati, Nauru, Niue, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu in raising awareness through various means and channels.

UNICEF, in close collaboration with WHO and other development partners, spearheaded the establishment and strengthening of the regional RCCE coordination mechanism. Across countries, as co-lead of the regional RCCE working group and through its SBC specialists, UNICEF convened regular virtual meetings of the regional RCCE group to help streamline partners' effort. The meetings provided the platform for better coordination among partners and governments. Coordination also facilitated effective access to assistance and funding for implementing COVID-19 awareness and prevention plans. To build capacity, the regional RCCE group organized webinars for partners to share experiences, ideas and best

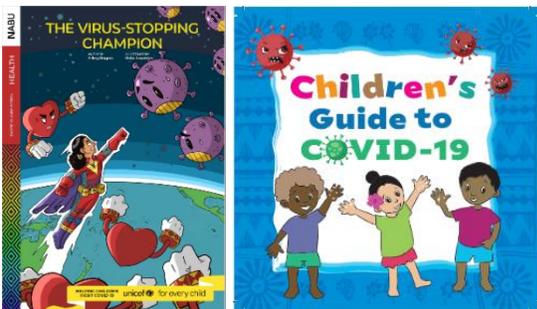


*UNICEF Pacific's SBC consultant Pius Attandoh discussing the community engagement and profiling exercise with staff from Fiji's Ministry of Youth and Sports. © UNICEF Pacific 2021 / Halitesh Datt*

<sup>17</sup> UNICEF Pacific's Communications for Development (C4D) Programme is now called the Social and Behaviour Change (SBC) Programme.

practices. The activation of the group also meant improved development and utilization of COVID-related information, education and communication (IEC) materials as the group provided technical assistance in designing and developing the materials.

In addition, UNICEF provided technical and operational support in the implementation and monitoring of governments' COVID-19 preparedness and response plans by recruiting additional SBC specialists to provide technical assistance to countries. SBC specialists were recruited for Fiji, FSM and the North Pacific, Kiribati, Vanuatu, Solomon Islands, Samoa and Tonga. Other countries, such as the Cook Islands, Nauru, Niue and Tokelau were supported by the SBC Officer based in Suva, Fiji. With closed borders and strict travel restrictions in place, several of the SBC specialists provided support remotely from Fiji.



*The 'Virus Stopping Champion' comic book and 'Children's Guide to COVID-19' booklet. © UNICEF Pacific 2020*

Evidence-based messaging and communication interventions have been an integral strategic approach throughout the COVID-19 pandemic response. UNICEF supported PICTs in developing stakeholder-specific messages and communication materials that are traditionally appropriate and culturally sensitive.

UNICEF conceptualized and designed close to 200 unique materials, specific to each country, focussing on key preventative measures and protocols put in place by each government. Materials designed by an in-house graphic artist included posters, brochures, banners and social

media tiles, which were shared with the regional RCCE group for vetting and the ministries of health for final approval. Materials were designed/adapted in the preferred languages of each country. UNICEF also provided support for printing materials, as needed.

A series of communication products exclusively targeting children and adolescent groups were adapted in the Pacific context. These materials provided children with relevant information about COVID-19, the pandemic and key preventive behaviours. The 'Virus Stopping Champion' comic book and 'Children's Guide to COVID-19' booklet were printed and distributed through a network of ECE centers and pre-primary schools. The books were also distributed through civil society partners working with children and young adults.

In 2021, UNICEF directly or indirectly printed an estimated 1.5 million copies of IEC materials for the region, potentially reaching an estimate 300,000 people in the region, among them an estimated 200,000 in Fiji, which had the only active outbreak of COVID-19 with community transmission.

Given the number of remote islands and hard-to-reach areas in the Pacific, it was critical to reach out to people in those areas as soon as possible, educating them about the virus and preventative measures. Public service announcements (PSAs) disseminated through radio and television networks were helpful in reaching out to communities that would otherwise take more time to reach. UNICEF, in consultation with ministries of health, field offices and SBC Specialists assisted the governments in developing and broadcasting PSAs on radio and television channels. UNICEF either directly contracted the radio and television stations or provided funding support to the ministries of health to air these messages. UNICEF also provided technical and financial support to governments to undertake programmes that enabled two-way communication between the government, experts and the public. This was mostly done through regular talk back shows and

panel discussions broadcast on television and radio. UNICEF also used SMS blasts to reach people with information on COVID-19 preventative measures. Support for SMS blasts was provided to Fiji, FSM, RMI, Solomon Islands, Tuvalu and Vanuatu.



Examples of IEC materials. © UNICEF Pacific 2020

Engaging different parts of the community to raise awareness on COVID-19 and preventative measures has been a challenge for many PICTs. These challenges were multi-faceted, from lack of proper networks and partnerships with social mobilizers and partners to effectively conduct community engagement, to training social mobilizers with the right skills and knowledge, and the financial backing to support the mobilization. UNICEF provided technical and financial support to governments and social mobilizers to conduct community engagement interventions. In Fiji, UNICEF supported the mobilization of the Fiji Council of Social Services, frontline workers, health workers and youth volunteers.

In Vanuatu, UNICEF provided technical and financial support to the Vanuatu Red Cross Society and Wan Smolbag, a local youth-led civil society organization, to conduct community engagement activities. The latter mobilized two theatre groups, the Rainbow Disability Theatre and Northern Care Youth Centre, to help raise community awareness on COVID-19. The Rainbow Disability Theatre, comprised of people with disabilities, performed songs and street performances on COVID-19 preventive behaviours and where to seek support. The group not only helped disseminate correct information, but also inspired people with disabilities, including children, to participate in the activities. The Northern Care Youth Centre, a youth-led advocacy group composed of young people who dropped out of school and are currently unemployed, conducted outreach using similar creative ways in at least 30 peri-urban and rural communities.



A youth volunteer interacting with a resident during community engagement and profiling sessions in Nasinu, Fiji. © UNICEF Pacific 2021 / Halitesh Datt

In FSM, UNICEF supported the Micronesia Red Cross Society and the College of Micronesia on awareness, prevention and data collection and analysis on COVID-19. The volunteers engaged families in discussions on COVID-19, distributed flyers and held demonstrations of proper handwashing. Similarly, in Kiribati, a series of community engagement activities were conducted in South Tarawa. Community elders, leaders, youth and women participated in community dialogues to discuss COVID-19 preventive behaviours and preparedness. In Tuvalu, the Ministry of Health, Social Welfare and Gender Affairs was supported to conduct awareness sessions on COVID-19 preventative measures with church youth and members, people with disabilities and members of the Tuvalu Diabetic Association.

In addition, UNICEF, in conjunction with ministries of health and the regional RCCE group, provided and facilitated workshops and training sessions for faith-based organizations, media personnel, call centre operators, traditional and community leader to improve awareness at the community level. An estimated 600,000 people were reached through these various community engagement interventions.

A major concern that emerged during the pandemic was the misinformation and rumours about COVID-19 available online, which PICT governments were not well equipped to track. In this context, UNICEF procured the online rumour-tracking-tool 'Talkwalker', which identifies key words and phrases, regardless of language, and collates all the conversations and discussions around those words and phrases, presents it on a dashboard highlighting key concerns, words, sentiments and influencers for each country. Based on the dashboard, UNICEF reported to the respective ministries on a weekly basis and advised on potential targeted interventions and messages. In several instances, trending topics or rumours identified through the Talkwalker tool have triggered the adjustment of existing or development of new messaging in PICTs. While Talkwalker provides a closer look at the discussions and rumours on online platforms, other sources of information/rumours/misinformation, such as those from traditional media, are also being monitored and incorporated into the RCCE interventions through social listening exercises.

### [Social Policy](#)

A socio-economic impact assessment of COVID-19 was completed in Fiji and Solomon Islands to measure the impact of non-pharmaceutical interventions on children and women.

In Fiji, UNICEF's partnership was strengthened with National Statistics Office, Ministry of Economy and United Nations agencies. The secondary analysis of the 2013-2014 household income expenditure survey was completed to estimate post COVID-19 lockdown poverty rates for children and individuals. The findings and recommendations were presented to United Nations agencies and the Government of Fiji at a high-level consultation on the 2020-2021 national budget (the report is [available online](#)). In addition, the findings were also shared during the Fiji Government's 2020 Development Partners Forum, including with international financial institutions such as the World Bank and Asian Development Bank. The assessment found that due to the collapse of the tourism industry, there was a significant increase in the number of people living in poverty, the so called "new vulnerable". The major policy recommendation was for the government to scale-up existing social protection programmes and to consider establishing temporary social cash transfers for the newly vulnerable. This recommendation was successful, with the Government of Fiji allocating approximately FJD\$200 million (approximately US\$95 million) to the programme in the 2021-2022 national budget. The transfers are currently benefitting more than 250,000 Fijians.

In Solomon Islands, UNICEF's partnership was strengthened with the Solomon Islands National Statistics Office, Ministry of National Planning, World Bank and United Nations agencies. The secondary analysis of the 2012-2013 household income expenditure survey was completed to

estimate post COVID-19 lockdown poverty rates for children and individuals. The findings and recommendation were presented to high-level policymakers during the 2021 national budget consultation. In addition to secondary data analysis, a partnership was established between UNICEF and the World Bank to collect primary data through a high-frequency phone monitoring survey. Two rounds of data collection were completed, one in April 2021, and the second in August 2021. The UNICEF-supported phone monitoring data compliments the World Bank's longitudinal data collection to monitor the situation of children and women in Solomon Islands. A joint publication was completed and shared with all key stakeholders, including key findings and policy recommendations. UNICEF and the World Bank will continue to use the findings to advocate for and strengthen future government stimulus packages and social protection policy measures in response to COVID-19, including addressing COVID-19 vaccine hesitancy. The findings also fed into the 2022 national budget consultation process.

## **Tropical Cyclones**

### Health and Nutrition

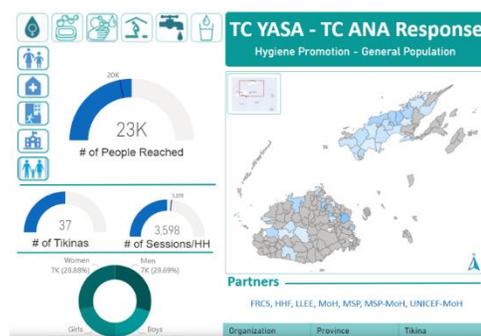
The impact of the COVID-19 was compounded by the vulnerability of the Pacific to recurrent natural disasters and climate-related shocks. Fiji encountered category-3 TC Ana, which devastated the country in January 2021, further exacerbating the impact of category-5 TC Yasa, which struck the country in December 2020. Fifteen health facilities in the Northern Division were damaged. UNICEF provided 10 tents to MHMS that served as temporary clinics, with the capacity of serving approximately 15,000 patients each month.

UNICEF provided essential nutrition supplies to MHMS to help in Fiji's nutrition response to Ana as well as the ongoing COVID response. Therapeutic milk (F75, F100) sufficient for treatment of 500 children with medical complication, RUTF for 800 children, and vitamin A supplements and deworming tablets to benefit around 50,000 children were provided. Mid-upper arm circumference (MUAC) tapes (30,000 child tapes and 25,000 adult tapes), 85 mother and child 2-in-1 weighing scales, and 80 height boards for nutrition assessment were also provided.

As recovery support after TC Yasa and Ana, UNICEF continued supporting the MHMS to strengthen the nutrition components of their outreach activities, finalizing nutrition preparedness guidelines, training health workers on nutrition in emergencies, and promoting healthy eating among children, adolescents, women and other family members at households, communities and schools.

### WASH

UNICEF responded rapidly to TCs Yasa and Ana with the distribution of WASH supplies through MHMS and MEHA. UNICEF supported both MHMS and MEHA with emergency assessments. To support affected families in the most affected areas in the Northern Division, UNICEF provided more than 1,000 WASH and dignity kits, 400 collapsible water containers and 300 field latrines, benefiting more than 5,000 people. Support was also provided to schools, with the provision of 118 Pacific WASH in school kits distributed to affected schools in the Northern and Eastern Division, benefitting more than 4,000 students.



*Screenshot of the Fiji WASH Cluster dashboard for TC Yasa and TC Ana on [humanitarianresponse.info](http://humanitarianresponse.info)*

UNICEF also provided operational and logistical support to MHMS personnel to support the distribution and assessments, including supporting a local surge team. Priority support was given through the MHMS-led WASH Cluster, with UNICEF supporting a surge team of international and national consultants to support coordination and data management, which was subsequently extended to also support the COVID-19 response. This dual mandate allowed UNICEF to integrate COVID-19 aspects in the response and recovery planning for the following cyclone season (November 2021 to April 2022).

### [Child Protection](#)

In response to TC Yasa, which hit Fiji on 18 December 2020, 24 (12 women, 12 men) welfare officers from various parts of the country were dispatched to the most affected areas. They undertook a two-day refresher training before being deployed in eight teams of three, visiting a total of 38 communities. The intervention in each community consisted of: (i) dialogue with adults about the psychological impact of the cyclone on children, the importance of play as therapy, child protection issues, signs of abuse and distress, and where to report abuse and seek psychosocial support; (ii) identification and orientation of community volunteers to conduct activities with children; (iii) establishment of child-friendly spaces and socio-recreational activities with children 3 to 18 years of age; and (iv) if needed, visits to individual children and families requiring specific support, reporting or referral. A total of 1,761 children (881 girls, 880 boys), 265 community volunteers (174 women, 91 men) and 549 adults (358 women, 191 men) benefitted from this intervention. A two-day lessons learned workshop was conducted with the eight welfare officer team leaders (six women, two men) to develop simple resources to be used during future emergencies, including: standard operating procedures for community dialogue, orienting volunteers and establishing child-friendly spaces; IEC materials for communities; list of materials for a locally-adapted recreational kit; and a guidance book with indoor and outdoor games, and creative activities for children 3 to 18 years of age.

### [Education](#)

In response to category-5 TC Yasa, UNICEF distributed temporary learning spaces and learning materials (81 tents, 334 tarpaulins, 107 school-in-a-box kits and 34 recreation kits) to affected schools in Fiji, benefitting 5,208 students (2,599 girls, 2,609 boys) from 80 schools and ECE centres. In response to TC Ana, two tents distributed during the TC Yasa response were redeployed to one school with extensive damage, ECD kits were distributed to 41 ECE centres, and 45 ECE teachers received training on the use of the ECD kits. A lesson learned acted upon



*Tokasa and Sunia, 7, from Dreketi Primary School, Fiji, outside the tents provided by UNICEF for temporary learning spaces after their school was damaged by TC Yasa. © UNICEF Pacific 2021*

in 2021 was the continued shift in approach of education in emergencies programming away from supply-focused response to system readiness and resilience. For the first time in Fiji, a localized ECD kit training was developed and delivered to all ECE teachers receiving ECD kits as part of the TC Ana response. Monitoring visits after the training showed ECE teachers successfully utilizing knowledge and skills from the training to facilitate learning through play.

UNICEF provided technical assistance in building the capacity of MEHA national and district Education Officers, the Republic of Fiji Military Forces and technical teachers in the Northern Division to conduct detailed damage assessments. MEHA used a combination of assessment templates, the AkvoFlow tool and Ona mobile technology to collect data and assess the extent of damage to schools. Through the rapid surveys, MEHA quickly transitioned from paper-based to smartphone-based data collection, expediting the flow of information from affected areas to decision-makers. This enabled MEHA to conduct and analyse TC Yasa damage assessment and develop the TC Yasa MEHA Education Contingency and Response Plan within seven days. After TC Ana, the district team was able to collect damage assessment data and MEHA was able to develop the MEHA Education Cluster TC Ana Education Contingency and Response Plan.

### [Social and Behaviour Change](#)

UNICEF worked closely with Fiji's National Disaster Management Office and the government's Communication and Community Engagement Cluster to prepare and respond to the two cyclones in 2021. The following response activities were conducted, reaching an estimated 776,405 people in Fiji.

UNICEF, as one of the co-leads of the Communication and Community Engagement Working Group, convened a meeting to ensure a coordinated response to TCs Yasa and Ana. Members included the National Disaster Management Office, Ministry of Communication and Information, Ministry of iTaukei Affairs, iTaukei Affairs Board, Communicating with Disaster Affected Communities Network, Habitat for Humanity, Fiji National Council for Disabled Persons, Fiji Council of Social Services, Adventist Development and Relief Agency and FemLink Pacific.

As part of a coordinated response, UNICEF assisted the National Disaster Management Office to develop and roll-out a disaster risk reduction campaign called "Get Ready, Disasters Happen". Messages covered three phases: preparedness, response and recovery. UNICEF contracted the radio and television stations to air these messages from the beginning of the cyclone season in late 2020 well into 2021. These ready-made messages informed the public about how to prepare for, respond to and recover from disasters. In the wake of TCs Yasa and Ana, these messages were aired on six radio stations in English, Hindi and iTaukei, as well as on television. Reaching approximately 600,000 people, these messages played a critical role in getting people prepared for the impending disaster.

Following TCs Yasa and Ana, activities were conducted to help prevent the outbreak and spread of diseases such as leptospirosis, typhoid and dengue. The ready-to-use audio visual messages were incorporated within the Get Ready, Disasters Happen campaign on radio and television to raise awareness on key preventative behaviours against these diseases.

Due to the ongoing threat of COVID-19 during the response activities, UNICEF, through its coordination with the Fiji Council of Social Services, distributed 1,440 copies of the COVID-19 pocket guide and 2,570 copies of the 'Virus Stopping Champion!' children's book in areas affected by the cyclones. The books feature animated characters, a superhero who teaches children ways to keep themselves safe from COVID-19. This was especially important in the post-disaster context, when maintaining COVID-19 safety measures was challenging. The Fiji Council of Social Services worked with community liaisons across the 15 districts classified by the government as red zone areas (those within the cyclone's pathway and hence the most affected) in the Northern Division, and engaged with at-risk populations, including children, particularly in areas along the Navakasiga-Lekutu coast.

## **Measles outbreak in Fiji**

### Health and Nutrition

In November 2021, Fiji's MHMS confirmed two cases of measles in two villages in the Serua-Namosi Medical Subdivision (Central Division). To contain the spread of measles, and to halt the spread of measles from affected areas to other areas, MHMS, supported by UNICEF and other partners, initiated response actions for an immediate supplementary immunization activity for the Serua-Namosi Medical Subdivision, in which all children of the respective target age groups were administered the measles vaccine (6 months to 11 years of age), polio vaccine (6 to 59 months of age), and vitamin A supplements (6 to 59 months of age). A total of 4,740 children (out of 6,967 targeted)<sup>18</sup> were reached with an (additional) dose of measles vaccine through the supplementary immunization activity in Serua-Namosi. This is to be followed by a nationwide catch-up campaign for measles, integrated with other childhood vaccines, in early 2022. In the catch-up campaign, more than 116,000 children (from 6 weeks to 6 years of age) will be screened for their vaccination status, with 30% expected to require vaccination for measles.

UNICEF coordinated with MHMS and WHO to provide technical support during the planning and coordination meetings to roll-out the supplementary immunization activity and the nation-wide catch-up campaign. UNICEF procured 51,940 doses of measles vaccines and 16,940 doses of oral polio vaccines for the response actions.<sup>19</sup> UNICEF supported the cost of roll-out of the measles vaccination operations (vehicle rentals, fuel, daily subsistence allowance and meals for health workers) reaching out to all communities in the country. UNICEF developed the Rapid Convenience Assessment tool to be implemented in early 2022. This will help identify pockets of unvaccinated children for immediate mobilization or later mop-up efforts and to help evaluate the effectiveness of social mobilization.

### Social and Behaviour Change

UNICEF worked closely with Fiji's MHMS on the measles response, including to develop IEC materials to facilitate discussions, raise awareness on preventative measures and catalyse community dialogues. UNICEF's SBC team developed posters and brochures, one specifically for the Serua/Namosi medical subdivision, and one for the whole of the country. These materials were developed in iTaukei, English and Hindi. Approximately 30,000 posters and 200,000 brochures were printed by UNICEF and distributed to community health workers for whom they serve as key resources when educating communities about measles prevention. Additionally, social media tiles were created, which MHMS has been using on its official social media sites to educate the masses on measles.

UNICEF contracted a creative company to develop audio-visual materials for radio and television that focussed on measles prevention and vaccination in iTaukei, Hindi and English. UNICEF also financially supported the broadcasting of these PSAs on major radio (spots aired 2,091 times) and television (spots aired 368 times) channels.

In addition, UNICEF accompanied MHMS staff during community engagement interventions in Serua/Namosi and conducted trainings for health workers in the Northern Division. The vaccination and awareness sessions will continue into 2022.

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<sup>18</sup> Target revised by the Ministry of Health and Medical Services from previously 9,738 down to 6,967.

<sup>19</sup> Targets revised by MHMS since December 2021.

## **Other Emergency Interventions**

### **WASH**

**Federated States of Micronesia - King Tide Response:** On 6 December 2021, multiple islands of FSM were impacted by a King tide, which caused flooding and saltwater intrusion into households, water supplies and sanitation systems. UNICEF worked with IOM and the Chuuk State Government to provide 149 water containers with fresh drinking water to 12 island schools in Mortlocks Region, reaching 913 children. A total of 500 WASH kits and buckets were supplied to 11 low-lying islands of Mortlocks Region, supporting 500 displaced families.

**Solomon Islands - Diarrhoea Outbreak:** UNICEF partnered with MHMS' Rural WASH Programme and Environmental Health Division to carry out WASH rapid assessments following diarrhoea alerts in Gizo and Malaita islands. Affected households received soap for handwashing and WASH and dignity kits from prepositioned supplies, reaching 4,574 people.

**Solomon Islands – Civil unrest:** On 24 November 2021, riots erupted in Honiara, the capital of Solomon Islands. A substantial number of buildings and businesses were destroyed, and/or looted. In response, UNICEF supported the Ministry of Education and Human Resource Development (MEHRD) to conduct a rapid assessment of the affected school and a WASH response plan was developed. While the response was temporarily put on hold due to COVID-19 restrictions, UNICEF will support these schools in 2022.

### **Education**

UNICEF supported the MEHRD in Solomon Islands to respond to two localized emergencies. This included the provision of tents as temporary learning spaces to Tenakonga High School, which lost two classrooms in a fire in September 2021, as well as the provision of tents and tarpaulins for Bekabeka High School, damaged in an earthquake in November 2021.

## **Cluster / Emergency Coordination**

UNICEF's emergency response in the Pacific is coordinated through the Pacific Humanitarian Team, which is co-led by the UN Resident Coordinator's Office and the Office for the Coordination of Humanitarian Affairs and composed of United Nations agencies and international NGOs. Under the Pacific Humanitarian Team are ten clusters, wherein UNICEF is the lead in WASH, co-lead with Save the Children in Education, co-lead with WHO in Health and Nutrition and the lead for Child Protection in the Protection cluster. Most of these clusters operate year-round and are also involved in preparedness actions. These regional clusters provide technical support to governments in the Pacific.

In Fiji, the National Disaster Management Office (NDMO) coordinates emergency operation through their divisional offices and national clusters. Under the Fiji national cluster system for disaster management, MHMS is the lead for the WASH cluster with UNICEF as co-lead and MEHA leads the education cluster with UNICEF and Save the Children as co-leads. UNICEF is also a member of the Health and Nutrition Cluster, led by MHMS, and the Safety and Protection Cluster, led by the Ministry of Women, Children and Poverty Alleviation.

### **WASH**

The UNICEF-led Pacific WASH Cluster supports national governments and their partners, including regional partners, in strengthening efforts to prepare, respond and adapt to emergencies at national and sub-national levels and to increase country resilience to improve the effectiveness of specific humanitarian responses. The cluster's three objectives are:

1. Reduce morbidity and mortality due to WASH-related diseases.
2. Preserve life with dignity.
3. Restore normalcy in the lives of affected populations by providing safe access to and ensuring use of water, sanitation and hygiene in emergency situations in collaboration with partners.

The regional cluster is made up of 35 agencies and organizations.

In Fiji, Vanuatu and Tonga national clusters are operational. However, in other countries, cluster coordination is predominantly reliant on governments and WASH partners in the country who may be able to provide immediate support. Depending on the scale of the emergency, national clusters are activated in the aftermath of an emergency.

Besides natural disasters, responding to COVID-19 also fell within the remit of the WASH Cluster. In 2021, the Pacific WASH Cluster supported PICTs in:

- COVID-19 preparedness and response across multiple countries, including: Fiji, FSM Kiribati, Palau, Tuvalu, Solomon Islands and Vanuatu.
- Supporting the emergency response in Fiji (TCs Yasa and Ana), the Solomon Islands (civil unrest) and FSM (King tide).

Throughout the year, partners remained engaged strategically on relevant topics despite challenges with travel due to COVID-19. Notably, the Fiji WASH Cluster, under the leadership of MHMS, led a complex response to cyclone recovery and COVID-19 community outbreak:

- TCs Yasa and Ana response: 15 partners supported critical WASH needs for more than 40,000 people affected by the cyclones in Fiji.
- COVID-19 response: Six partners supported critical WASH needs for more than 28,000 vulnerable people affected by COVID-19.

To shorten response times, UNICEF Pacific set-up long-term agreements with local suppliers to procure essential WASH supplies locally rather than relying on imports. In consultation with the WASH Cluster, various kits have been defined, including individual kits (for women/girls and men/boys), family kits, baby kits, COVID-19 isolation kits, school kits, health facility kits and community kits. Within Fiji and Vanuatu, provincial warehouse locations were identified and developed for the storage of contingency stocks.

### [Child Protection](#)

In the context of COVID-19 and tropical cyclones in Fiji, UNICEF supported the Ministry of Women, Children and Poverty Alleviation in its role as lead of the Child Protection Working Group under the Safety and Protection Cluster. UNICEF also participated in the MHPSS, communication and information management system working groups.

UNICEF continued to provide child protection and child-focused MHPSS technical inputs to resources and training developed by GBV and health actors, in particular in the context of its participation in Pacific regional inter-agency coordination mechanisms, including the Pacific Humanitarian Protection Cluster and Child Protection/Gender-based Violence sub-cluster, and WHO-lead JIMT MHPSS Cell.

### [Education](#)

UNICEF co-leads the Pacific Education Cluster with Save the Children, though most emergency response occurs at the national level, and the cluster's added value is primarily in multi-country

emergencies. UNICEF is active in education partner groups and clusters at national level where they exist, noting that most PICTs do not use the cluster system (given the diverse government models for humanitarian coordination), and supports their creation and/or strengthening in countries where this is a priority. Where clusters are not present or active, UNICEF actively coordinates with other partners.

## **Lessons Learned**

### WASH

- There was limited understanding of cluster mechanisms within cluster partners and counterparts, and conflicting arrangements between global cluster approaches and regional and national response mechanisms. To improve the situation, cluster mechanisms should be adopted that align with government owned sector coordination structures. Adjustments should be made to align terminology and reporting. A review of the linkages between regional clusters at national cluster, and cluster arrangements at sub-national levels, should be undertaken.
- Sectoral clusters often operate in compartmentally even though most stakeholders are working multi-sectorally. Cluster approaches should be reviewed for the Pacific context, with consideration given to merging some clusters where there are significant overlaps for cluster lead and/or main responders.
- There are limited training opportunities for cluster members and associated government counterparts. Low-cost remote training on response assessments and coordination mechanisms would help strengthen the capacity of national and sub-national cluster arrangements.
- There is a lack of 'core operational data sets' and information sharing protocols at the national level between sectors, making emergency coordination difficult. Investments should be made in geospatial dataset preparation to ensure responders, clusters and governments are using same descriptions of administrative areas and locations. Data-sharing protocols and data quality assurance arrangements should be clarified and widely made available.

### Child Protection

- Child protection in emergencies (CPIe) should be included in the terms of reference of child protection working groups (CPWGs) for several reasons. In the Pacific, emergencies are mostly recurrent natural disasters, particularly tropical cyclones, earthquakes, volcanic eruptions, landslides, floods, etc. Therefore, emergency preparedness and response need to be embedded in regular, existing child protection systems, including those provided by governments, NGOs and communities, to react at the onset of disasters. Service providers and members of CPWGs and CPIe working groups are generally the same agencies. CPWGs can report to Protection Clusters about their roles in CPIe, and to higher-level child rights monitoring and reporting coordination mechanisms regarding their responsibility for child protection in development contexts.
- To address the increased demand for MHPSS training across sectors, UNICEF Pacific has developing a multi-tiered and multi-sectoral MHPSS Pacific regional strategy and framework to be iteratively implemented, beginning in 2022. This will help in the transition

to the current, ad hoc response, to a more sustainable approach. Prior to developing the MHPSS strategy, a mapping and assessment of existing systems, including human resources, standards, training and monitoring, will be conducted, starting with priority countries and sectors (i.e., those that have requested support in 2021 and where small-scale activities were initiated).

### Social and Behaviour Change

- While implementation capacity for SBC interventions through partners is limited, UNICEF has been successful in providing additional support through the team based in Suva, Fiji, as well as through the field offices and personnel in-country.
- Many partners, especially the governments, prioritize PSAs over community engagement, as these are seen as low hanging fruit to raise awareness. Two-way communication, such as community engagement dialogues and talk back shows, take more time to formalize and roll-out, and depend on the availability of influencers or spokespersons. In the context of COVID-19, government lockdowns further decreased the feasibility of community dialogue. However, some training of civil society organizations and faith-based organisations from Fiji, FSM, Kiribati, Tuvalu, Solomon Islands and Vanuatu were conducted through online meetings. Some small community engagement interventions were also held in these PICTs, while adhering to COVID-19 prevention measures.
- The health promotion units in the region were resource constrained and in need of technical and financial support. The units are typically made up of few officers who are responsible for both regular and emergency programmes. UNICEF's SBC specialists played a crucial role in supporting health promotion units across PICTs.



*Youth volunteers with UNICEF SBC officers, at the National Youth Centre in Valelevu, Nasinu, Fiji, after a debrief session. © UNICEF Pacific 2021 / Halitesh Datt*

### Case Study: Pacific Health Care on Air

**Top level results:** In July 2020, the Health Care on Air (HCOA) training initiative was launched by Pacific governments, together with partners, including UNICEF and the governments of Japan, New Zealand and the United States. The initiative airs scripts on health (including nutrition) topics related to COVID-19 on the radio. After listening to each episode, health workers can answer knowledge assessment questions via SMS, Viber or Facebook Messenger. This allows them to gain points that can be used to renew their yearly nursing licence.

Thirty-three 30-minute episodes were initially developed. In 2021, Fiji requested that the programme be extended to 41 episodes. HCOA reached an estimated total of 4,439 nurses and midwives (75% of the overall target group) in 12 PICTs.<sup>20</sup> Informal feedback from the nurses showed a positive perception of the programme.

**Background:** Most health workers in PICTs are located in remote rural areas and outer islands. These frontline health workers provide services to more than two million people, including children, across the region. As such, they need to be equipped through regular training with the most up-to-date knowledge and skills to deliver the best services to these communities.

Disruptions in health services linked to the COVID-19 pandemic reduced the trainings for these health workers and limited their possibilities to travel to urban centres to attend them. In addition, the pandemic context increased the need to equip health workers with the knowledge, skills and confidence necessary to protect themselves and deliver the best quality services. As internet training is not optimal in the Pacific due to unreliable connectivity outside urban centres, stakeholders decided to use FM radio to deliver the trainings.

**Rationale:** Governments and other stakeholders across the Pacific Islands were concerned with the challenge of providing frontline health workers with the necessary trainings during the COVID-19 pandemic. There were fears that routine health services for children could suffer as a result. During consultations held at country level, the idea came up to use FM radio - the media with the farthest reach in the region - to provide trainings aimed at maintaining services and building capacity.

**Strategy and implementation:** The main steps of developing HCOA consisted of designing the programme specifics (period, frequency, length of episodes); developing the technical content through episode scripts; organizing the training of trainers; contracting service providers; designing and implementing the feedback, monitoring and accreditation system; and promoting the programme.



*Vasiti Naio, Public Health Nurse stationed at Wainibokasi Health Centre, Fiji, and her colleagues listen to Health Care on Air. ©UNICEF Pacific 2020 / Matabogi.*

<sup>20</sup> Samoa and Palau opted out of the programme.

A consultant was hired to work on the technical content based on WHO guidance. A list of topics was put together and sent to heads of nurses for approval or amendment. This list was also sent to the 'Training Pillar' of the JIMT (in charge of COVID-19 preparedness), where technicians from UNICEF, WHO and other agencies checked and approved it.

Generic scripts were then developed and sent to countries for their selection and customization. Countries chose the topics/episodes that they deemed most relevant to their situation. Some countries translated them into national languages. Head nurses from each country were selected and trained as content presenters. The initiative was promoted through SMS and Viber groups, radio ads and person-to-person dialogue.

**Resources:** Developing and disseminating HCOA involved a partnership between Pacific governments, UNICEF, the private sector and donors, including the governments of Japan, New Zealand and the United States. The ministries of health, with support from UNICEF, selected the topics, adapted scripts to the national context and negotiated airtime with radio stations. In Fiji, the radio company provided free coaching for the presenters on communication skills and offered a discount on the cost of airing. Agreements were put in place with phone companies, such as Vodaphone and Digicel, for the text messages related to the feedback, monitoring and accreditation component, which was developed with the support of UNICEF Pacific's Technology for Development (T4D) Team. UNICEF provided technical assistance throughout.

**Progress and results:** HCOA aired for frontline health workers across 12 PICTs, connecting nurses and midwives with the opportunity to learn, share information and incorporate WHO guidance on COVID-19 in their daily tasks. The content is not too technical, open to all audiences and covers basic knowledge on community engagement (e.g., messaging on handwashing or distancing). To complement the broadcasts, and in case an episode was missed or needed to be watched again, the scripts were posted on a mobile-friendly website. Health workers registered once via SMS, Viber or Facebook Messenger. After listening to each episode, they received a summary of the episode. They could then ask questions and provide feedback on the programme through RapidPro, a two-way communication platform that works with SMS and messaging apps from smartphones. The RapidPro website allowed following-up on the number of registrants, answering attempts and rate of correct answers. By the end of 2021, HCOA had reached 4,439 nurses and midwives in 12 PICTs.

Informal feedback from participants, continuously provided to nursing heads during their supportive supervision visits, showed a growingly positive perception of the programme. Participants felt they had not been forgotten by the central level – especially those posted in the most remote islands.

**Lessons learned:** The lessons learned from the set-up and initial implementation of the programme are the following:

- Remote learning does not necessarily require digital tools and internet connectivity. When travel is restricted and internet connectivity is unreliable, FM radio provides a far-reaching, low-tech option for learning that is easily accessible from every health facility or home. A mix of low-tech and high-tech solutions should be established according to a country's specificities.
- As trainings over the radio are accessible by a wide range of audiences, their content can be designed to help reinforce the same prevention and promotion messages that nurses would convey to households and communities during field

visits. This has the potential to enhance convergence between various sensitization efforts, with mutually reinforcing initiatives.

- Integrating an accreditation system provides an incentive for the training, allowing staff to fulfil their training obligations and to renew their licences.
- The HCOA experience is easily replicable, both in-country for nutrition or other topics, and in other countries or regions with the same communication coverage issues. Setting up the system can be cumbersome, especially remotely, and significant promotion efforts are needed. These tasks require a dedicated staff, ideally from the ministry of health, with support from partners.

**Moving forward:** With the HCOA system in place, extending it to other technical areas requires limited work as the main additional task is to develop more scripts, in consultation with stakeholders. Looking beyond COVID-19, this could be the platform to use in the future for remote capacity building of health care workers. UNICEF will continue to advocate for the use of this platform to reach out to health care workers with information needed to boost their capacity for PHC services. Additional topics may include, for example, capacity building in non-communicable diseases and/or community engagement.

### 3. Results Achieved from Humanitarian Thematic Funding

Humanitarian Thematic funding received by UNICEF Pacific allowed for the immediate response to life-saving needs in the aftermath of natural disasters and facing the COVID-19 outbreak in Fiji, for strengthening other PICTs' preparedness for COVID-19, as well as for addressing funding gaps, particularly in the areas of child protection and nutrition in emergencies.

The most significant impact of flexible humanitarian funding in 2021 concerned **child protection** in emergency interventions, contributing to reaching 1,961 children and 649 caregivers in Fiji with direct child protection interventions and parenting and mental health advice.

In the aftermath of TC Yasa which hit Fiji on 18 December 2020, 24 welfare officers (12 women) from various parts of the country were dispatched to the most affected areas and undertook a two-day refresher training before being deployed in eight teams of three, visiting a total of 38 communities. The intervention in each community consisted of: (i) establishment of child-friendly spaces and socio-recreational activities with children 3 to 18 years of age; (ii) dialogue with adults about the psychological impact of the cyclone on children, the importance of play as therapy, child protection issues, signs of abuse and distress, and where to report abuse and seek psychosocial support; (iii) identification and orientation of community volunteers to conduct activities with children; (iv) if needed, visits to individual children and families requiring specific support, reporting or referral. A total of 1,761 children (881 girls, 880 boys), 265 community volunteers (174 women, 91 men), and 549 adults (358 women, 191 men) benefited from this intervention. A two-day lessons learned workshop was conducted with the eight welfare officer team leaders (six women, two men) to develop simple resources to be used during future emergencies, including: standard operating procedures for community dialogue, the orientation of volunteers and the establishment of child-friendly spaces; IEC materials for communities; list of materials for a local recreational kit; and a guidance book with indoor and outdoor games, and creative activities for children 3 to 18 years of age.

In response to TC Ana, UNICEF, in partnership with Fiji Red Cross and UN Women, designed and printed 100 banners featuring simple referral guidance as well as the national child helpline and domestic violence helpline. Fiji Red Cross disseminated the banners throughout evacuation

centres, while training the evacuation centre leaders on the referral pathways. The banners remain with Fiji Red Cross for use in future emergencies.



*Banner distributed to evacuation centres to inform about referral pathways for cases of domestic or other violence.*

In the context of COVID-19 and tropical cyclones in Fiji, flexible funding enabled UNICEF to support MWCPA in its role as lead of the Child Protection Working Group under the Safety and Protection Cluster. UNICEF also participated in the MHPSS, communication and information management system working groups.

In response to the COVID-19 outbreak in Fiji, UNICEF developed and disseminated messaging on child protection and MHPSS through radio, television and social media, reaching an estimated 90% of the population. Children and adults were provided with information on signs of abuse and where to report and access services, signs of distress and where to seek psychosocial support, and parenting and mental health tips. In addition, recreational kits were provided to 100 children (58 girls, 42 boys) and 100 mother-baby kits were provided to mothers and their babies (62 girls, 38 boys) in COVID-19 isolation centres.

In the sector of **water, hygiene and sanitation**, flexible humanitarian thematic funds contributed to reaching more than 20,000 children with WASH emergency interventions and supplies in Fiji, Vanuatu and Solomon Islands. In Fiji, thematic funding contributed to UNICEF's support to the national WASH Cluster in COVID-19 and tropical cyclone response and recovery. UNICEF's main support was providing technical support in data collection and assessment, monitoring and distribution of WASH supplies to respond to urgent needs and prevent spread of diseases.

For TCs Yasa and Ana, support was provided to Fiji's MHMS with the provision of ten internet pocket Wi-Fi devices, topped up with mobile data for three months. These were used for data collection and conducting WASH assessments in communities, health facilities and divisional offices in the Northern Division (Labasa, Bua and Macuata). Approximately 118 WASH in school kits were provided to 34 schools in the North and 12 schools in the Lau group, benefitting more than 4,380 students. UNICEF also provided 300 emergency field latrines to affected households in the Bua and Macuata district, benefitting approximately 1,500 people.

For COVID-19 support to families in Fiji affected or in isolation, about 300 WASH COVID-19 kits were distributed, benefitting approximately 1,500 people. UNICEF also broadcasted key hygiene and COVID-19 messages on both radio and television. In Solomon Islands and Vanuatu, hygiene supplies (e.g., buckets) were pre-positioned to strengthen preparedness of healthcare facilities for a future COVID-19 outbreak.

UNICEF supported Fiji's Ministry of **Education**, Heritage and Arts (MEHA) in dealing with the after-effects by providing tents used as temporary learning spaces (TLSs) in schools with damaged or destroyed classrooms.



*Peniamino, 13, is happy to be back in school at Valelawa Primary School in the Northern Division after TC Yasa made landfall in Fiji. ©UNICEF Pacific/2021/Stephen.*

While donor funding was provided to support these interventions, some funding gaps remained and the flexible thematic humanitarian funding allowed UNICEF to react quickly and address those gaps to reach all children in need. Thanks to the humanitarian thematic funds, 15 tents were transported to schools and set up very quickly to ensure affected schools could open for the new school year commencing on 19 January 2021 (on the same schedule as other schools), creating a sense of normalcy for children, and enabling the teaching and learning process to initiate in a safe environment. This benefitted 644 children and 15 teachers.

Addressing funding gaps in the **nutrition** sector, thematic humanitarian funding allowed UNICEF to support the government of Kiribati to develop a training package for health care workers on nutrition in emergencies, including COVID-19. Furthermore, in the aftermath of TC Harold, which struck Vanuatu in 2020, UNICEF, in early 2021, distributed 102 Inter-agency Emergency **Health** (IEH) Kits and 60 midwifery kits, with a capacity to serve more than 10,000 beneficiaries with basic health care services, including safe delivery.

### Thematic Funding Case Study: Child Protection response to TC Yasa in Fiji

**Top level results:** Thanks to a generous allocation of flexible funding through the Global Thematic Humanitarian Fund, UNICEF Pacific directly reached 1,761 children (881 girls, 880 boys) and 549 caregivers (358 women, 191 men) across 38 affected communities with psychosocial support activities and community dialogues. Additionally, 265 community volunteers (174 women, 91 men) were identified and trained to co-facilitate and continue activities in communities. A total of 24 Welfare Officers (18 women, 6 men) from Fiji's Ministry of Women, Children and Poverty Alleviation, as well as technical supervisors from the ministry and UNICEF, were deployed to the provinces of Cakaudrove and Macuata on the island of Vanua Levu, the island hit hardest by TC Yasa. The officers were divided into eight teams, visiting 38 communities over the duration of five days to provide psychosocial support to children and families through socio-recreational activities and community dialogue. The communities were selected on the recommendation of the local Social Welfare Department (SWD). Traditional leaders assisted the SWDs in Labasa (Macuata Province) and Savusavu (Cakaudrove Province), based on needs and in coordination with other members of the protection cluster providing psychosocial support. UNICEF deployed 38 recreational kits with the teams, which remained with the community custodians beyond the immediate response. The community volunteers were trained to continue the activities for children and to provide psychological first aid in their community.

**Background:** Both children and adults experienced psychological distress due to the fear during the cyclone, the loss of familiar places such as home and school, and temporary living in evacuation centres and tents. Adults were under additional stress due to the economic hardship resulting from the loss of property and sources of income, which may result in neglect or physical and verbal abuse of children. Children were at risk of spending more time helping their parents with rebuilding, restoring crops and other household chores and income generating activities. Consequently, children risked dropping out of school because they have to help their parents or because their families do not have money to buy school supplies, uniforms and lunch. Children may be left in the care of other families if their parents seek employment elsewhere. Emergency situations therefore affect children's mental health negatively, and exacerbate child protection risks of abuse, neglect, exploitation and separation from family. Cakaudrove and Macuata provinces on Vanua Levu Island in Fiji's north, where the intervention took place, were among the most affected. MWCPA chairs Fiji Safety and Protection Cluster, with UNICEF and UN Women as co-chairs for the respective areas of CP and GBV.



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**Resources:** Global thematic humanitarian funding of US\$39,000 was used for a refresher training for the 24 MWCPA Welfare Officers deployed. This funding covered travel and subsistence allowance for the 24 Welfare Officers and accompanying provincial authorities, recreational items and stationery, refreshments for activities with the children, transport of recreational kits, and travel of UNICEF staff for programme monitoring. It is worth noting that some of the 38 recreational kits provided to communities had been previously procured using Humanitarian Thematic Funds available in 2020, and were available in UNICEF's warehouse. Technical assistance for the refresher training was provided by UNICEF staff and a consultant.

**Progress and results:** The activity contributed to the intended result. The mental health and psychosocial support needs of children, adolescents and caregivers were identified and addressed, and at-risk populations in the affected areas had timely access to culturally appropriate, gender- and age-sensitive information and interventions, to prevent and respond to violence, exploitation, abuse, neglect, and harmful practices. A total of 1,761 children and 549 caregivers in 38 communities in Cakaudrove and Macuata provinces were reached by mental health and psychosocial support services. During the intervention in each community, Welfare Officers conducted four activities: socio-recreational activities with children, identification of children requiring psychosocial support or child protection case management, community dialogues with adults, and orientation of community volunteers on child-friendly spaces.

**Criticality and value addition:** The objective of the intervention was to help children recover from trauma and regain a sense of normalcy and ensure that children experiencing severe psychological distress, abuse, neglect, exploitation, or other protection issues have access to services. This is based on the underlying assumption that socio-recreational activities, play and art, help children recover from traumatic experiences.

Welfare Officer teams spent one whole day in each community to conduct the four activities. Community volunteers continued to facilitate socio-recreational activities with children at least once a week for at least three months, based on the needs and interest of the community. Welfare Officers conducted follow-up visits in each community to ensure that activities continued, provided support to the volunteers, and ensured that children who need services have access.

### Results / added value

- Children who participated in socio-recreational activities in indoor and outdoor safe spaces, including drawing, singing, games and sports, by age group (pre-school, primary and secondary school age) were able to experience a sense of normalcy, find relief from the traumatic experience of the cyclone and the disruption to their daily lives through the positive experience of play.
- Adults who participated in community dialogues learned about the psychological impact of the cyclone on children, the importance of play as therapy, signs of child psychosocial distress, how to help their children's recovery and where to seek help. They also acquired an understanding of how the cyclone affects them as caregivers and learned tips to prevent violence in their families. Finally, they learned about child abuse, neglect, exploitation, and other protection concerns and where to report these situations. Adults who participated in recreational activities together with their children also released their own stress, strengthened their relationship with their children, and realized the importance of play for the children and of parents playing with them.
- Community volunteers who supported the set-up of child-friendly spaces with the Welfare Officers, and who continued to facilitate socio-recreational activities with children over several weeks following the cyclone, received basic training for their role. Volunteers were usually individuals with a prominent role in the community, such as women's group leaders, youth group leaders, pastors, pastor's wives, nurses, teachers, Sunday school teachers, etc.
- Welfare Officers identified children requiring psychosocial support or child protection case management and provided additional direct support as well as noting those requiring a follow-up visit.



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The availability of flexible humanitarian funding allowed UNICEF to swiftly provide children and their caretakers with the necessary psychosocial support to cope with the experienced trauma and ensuing post-disaster stress.

### **Challenges and lessons learned**

**Timeframe:** A lesson learned from the previous emergency response (TC Harold) was to improve the timeliness of the response to better support children and communities in the immediate period following a disaster. In the case of TC Yasa, a small scoping team (consisting

of UNICEF and government focal points) was deployed to Vanua Levu just one week after the disaster, travelling to the three most affected provinces, meeting with the disaster response agency and safety and protection cluster, and gathered data on the affected communities. The response plan was drawn up rapidly based on information gathered from the response centres (the IDA was not published for some weeks) and the advice of local traditional administrative structures. Based on this plan, the full team deployed just a few days following completion of the scoping mission, which was less than one-month post-cyclone.

National/Government leadership: A short refresher training was conducted by UNICEF to orient the newer members of the response team. However, it was found that the newer responders were able to learn quickly during the first day of activities supported by the response team members from TC Harold (emergency response completed just six months prior) who were assigned as team leaders for the TC Yasa response team. During the subsequent lessons learned workshop, the ministry and UNICEF agreed that this core team of team leaders can be deployed in future without further training and with the responsibility to orient new Welfare Officers. Between 2020 and 2022 all Welfare Officers in the MWCPA are undertaking an in-depth training course on child protection and case management, which includes capacity development in providing direct psychosocial support to children and families and identifying and referring cases requiring additional support, which will capacitate all Welfare Officers to be deployed in emergencies under the supervision of this core team.

Adherence to local traditions and protocols: During the response, there was a notable difference in community volunteer readiness between the two provinces where the teams were deployed. In the lessons learned workshop it was identified that the local SWD team leader in one province conducted pre-visits to the communities, adhering to the traditional protocol for requesting permission to enter the community and to providing a brief orientation on the planned activities. In that province, the communities were more ready to receive the teams and the community volunteers were already identified. It was agreed that this was an effective practice for ensuring that traditional protocols were all followed, community volunteers were ready to be trained, and ensuring efficient use of the time of the response teams. This practice is now included in the standard operating procedures for the CPiE response protocol in Fiji.

**Moving forward:** In order to replicate and scale effective CPiE response in Fiji, and to ensure that persons embedded in the local communities across the country are sufficiently trained as first responders for children, a partnership between UNICEF and the Fiji Red Cross is in development. The partnership will see Red Cross volunteers throughout the country trained to establish and support child-friendly spaces in evacuation centres and communities at the onset of a disaster, and to identify and refer child protection cases to the Department of Social Welfare. The trained Welfare Officers will work alongside Red Cross volunteers to boost psychosocial support activities in the most affected areas, as well as supervise and follow-up on interventions. The training of volunteers will take place in 2022.

#### **4. Assessment, Monitoring and Evaluation**

UNICEF Pacific uses field monitoring by staff and partner reporting to monitor humanitarian responses. COVID-19 restrictions, however, severely limited field monitoring in 2021. High-frequency phone monitoring became the most practical alternative, with staff conducting phone interviews with key government partners, using prepared questionnaires.

In Fiji, UNICEF Pacific provided technical assistance and personnel for the national WASH, education and safety and protection clusters to conduct immediate damage assessment in the aftermath of TCs Yasa and Ana. UNICEF staff were deployed to help in the assessments, including introducing tools that employ information and communication technology. The Fiji WASH cluster activated the digital 5Ws reporting system for TC Yasa/Ana and for COVID-19, and used RapidPro to collect beneficiary feedback on the usefulness of the WASH response kits.

In the light of COVID-19 restrictions, UNICEF partnered with the Pacific Disability Forum to conduct an access audit of WASH facilities in Fiji in three contexts: a school, a community hall (used as an evacuation centre) and a public space in an urban centre.

UNICEF also supported and participated in assessments and lessons learned workshops organized by Fiji's National Disaster Management Office and the national clusters for TCs Yasa and Ana. These were also delayed and hampered by the prolonged COVID-related lockdowns in Fiji.

## 5. Financial Analysis

### Funding received and available by donor and funding type in 2021 in US\$

Donor / Type of funding	Grant reference	Overall amount <sup>21</sup>
<b>I. Humanitarian funds received in 2021</b>		
<b>a) Thematic Humanitarian Funds</b>		
<b>Thematic Humanitarian Funds</b> (details in table below)	<b>SM189910</b>	<b>26,148</b>
<b>b) Non-Thematic Humanitarian Funds</b>		
Australia	SM210968	2,441,924
Australia	SM210969	67,096
Australian Committee for UNICEF	SM210345	124,723
New Zealand	SM210950	189,869
United Nations Office for South-South Cooperation / Government of India	SM210332	906,453
United Nations Office for South-South Cooperation / Government of India	SM210333	924,642
USAID	SM210252	925,926
USAID	SM210686 <sup>22</sup>	849,693
<b>Total Non-Thematic Humanitarian Funds</b>		<b>6,430,326</b>
<b>c) Pooled Funding</b>		
<b>(i) CERF Grants</b>		
<b>(ii) Other Pooled funds</b>		
<b>Total Pooled Funding</b>		<b>0</b>
<b>d) Other Types of Humanitarian Funds</b>		
<b>Total Other Types of Humanitarian Funding</b>		<b>0</b>
<b>Total humanitarian funds received in 2021</b>		<b>6,456,474</b>
<b>II. Carry-Over of humanitarian funds available in 2021<sup>23</sup></b>		
<b>e) Carry-Over Thematic Humanitarian Funds</b>		
Global Thematic Humanitarian Response	SM189910	491,802
Global Thematic Humanitarian Response COVID-19	SM209910	33,511
<b>Thematic Humanitarian Funds</b>		<b>525,313</b>
<b>f) Carry-Over of non-Thematic Humanitarian Funds</b>		
Asian Development Bank	SM200127	47,804
Asian Development Bank	SM200437	104,141
Australia	SM200373	756,439
Australia	SM200095	140
Australia	SM200317	28,317
Australian Committee for UNICEF	SM200538	261,124
Australian Committee for UNICEF	SM200289	160,170
British Government	SM200202	96,845
New Zealand	SM200027	120,725

<sup>21</sup> Programmable amounts of donor contributions, excluding recovery cost.

<sup>22</sup> While the overall contribution provided by USAID under this grant is USD 1,900,000 (including 8% recovery cost), part of it contributes towards the global ACT-A appeal for the roll-out and delivery of COVID-19 vaccines, which is covered in a separate report.

<sup>23</sup> The carry-forward is the unutilized budget balance that was carried forward from 2020 to 2021, available as of January 1<sup>st</sup>, 2021.

New Zealand Committee for UNICEF	SM200482	96,898
Republic of Korea	SM200450	389,030
Republic of Korea	SM200858	92,593
Pacific Community	SM200574	916,553
USAID	SM200546	340,343
USAID	SM200145	821,422
<b>Total Carry-Over Non-Thematic Humanitarian Funds</b>		<b>4,232,544</b>
<b>Total Carry-Over Humanitarian Funds</b>		

<b>III. Other Resources</b>		
Global Partnership for Education	SC200656	715,174
Global Partnership for Education	SC200657	750,000
Global Partnership for Education	SC200658	750,000
Global Partnership for Education	SC200659	750,000
Global Partnership for Education	SC200676	730,000
Global Partnership for Education	SC200795	750,000
Global Partnership for Education	SC200189	95,888
<b>Total Other Resources</b>		<b>4,541,062</b>

### Thematic Humanitarian Contributions received in 2021 in US\$

Donor	Grant reference	Programmable amount	Total contribution
Australian Committee for UNICEF	SM1899100953	16,624	17,455
Australian Committee for UNICEF	SM1899100999	9,524	10,000
<b>Total</b>		<b>26,148</b>	<b>27,455</b>

## 6. Future Work Plan

The Pacific is arguably the most at-risk region in the world in terms of disaster and climate risks. The region is often referred to as the “Ring of Fire” because of numerous active volcanoes and frequent earthquakes. It is also along the typhoon and cyclone belt. In the World Risk Report for 2021, the top three most at-risk countries in the world were in the Pacific (Vanuatu, Solomon Islands, Tonga).<sup>24</sup>

For 2022, UNICEF Pacific will continue to support the governments of 14 PICTs in responding to emergencies and building national and local capacity to strengthen preparedness and resilience. The work plan includes continuing to support the response to COVID-19, including addressing the associated socio-economic impacts. While Fiji was the only country that experienced COVID-19 outbreak among the 14 PICTs in 2021, it is only a matter of time before other PICTs will experience this as they start to open up for travel and lower their isolation in 2022. In fact, as of early 2022, several countries in the Pacific were facing their first COVID-19 outbreaks, namely Solomon Islands, Kiribati, Tonga and Samoa. While UNICEF has already supported the

<sup>24</sup> <https://reliefweb.int/sites/reliefweb.int/files/resources/2021-world-risk-report.pdf>

respective governments in their preparedness efforts, technical and financial assistance for the response will continue to be provided.

Furthermore, the work plan calls for strengthening preparedness to respond to disaster events, including maintaining prepositioned emergency supplies in all Pacific countries hosting UNICEF offices (Fiji, FSM, Kiribati, Samoa, Solomon Islands and Vanuatu) and the Australian humanitarian warehouse in Brisbane. Humanitarian cash transfers, through existing government social protection scheme, will also be explored as a viable option to aid those people most in need.

UNICEF Pacific estimates a funding need of US\$11.325 million to enable it to respond to the critical needs of children and their families during emergencies across the 14 PICTs. This is part of the Humanitarian Action Plan for Children of the UNICEF East Asia and the Pacific Regional Office. In January 2022, UNICEF Pacific published an appeal for US\$2.7 million to raise funds for the immediate response to the volcanic eruption and tsunami in Tonga.

This funding – particularly flexible or softly earmarked funds – will enable UNICEF to provide life-saving services and supplies to the most vulnerable children and families in the Pacific, prepare for future emergencies, and respond strategically where the needs are greatest. If these funds are not mobilized, vulnerable children suffering from natural disasters, public health emergencies, and other shocks will not have access to the multi-sectoral assistance and protection they critically need.

Sector	Indicators	Target beneficiaries in 2022	Overall 2022 funding requirements (US\$)
Health	# healthcare facility staff and community health workers trained in IPC	1,000	2,300,000
	# healthcare facilities provided with sufficient quantity of PPE	949	
Nutrition	# children aged 6-59 months with SAM admitted for treatment	1,500	725,000
	# children 6-59 months screened for wasting	30,000	
	# children 6-59 months receiving Vitamin A supplementation	100,000	
	# children and adolescents (0-18 years) receiving messages on healthy diets	300,000	
WASH	# people accessing a sufficient quantity of safe water for drinking and domestic needs	25,000	2,000,000
	# children accessing appropriate WASH facilities and hygiene services in learning facilities and safe spaces	37,500	
	# people reached with critical WASH supplies	125,000	
Child Protection	# children [and caregivers] accessing mental health and psychosocial support	500,000	80,000
Education	# children accessing formal or non-formal education, including early learning	55,000	2,500,000
	# children receiving individual learning materials	40,000	
	# schools implementing safe school protocols (IPC)	2,000	
	# children supported with distance/home-based learning	15,000	
	# children with disabilities supported to access learning, including remote/ distance learning and return to school	1,500	

Social Protection	# households reached with cash transfers through an existing government system where UNICEF provided technical assistance and funding	5,000	1,000,000
Social & Behaviour Change	# people reached through messaging on prevention and access to services	1,000,000	2,000,000
	# people engaged in RCCE actions	250,000	
	# people with access to established accountability mechanisms	25,000	
	# RCCE messages produced in disability accessible formats and disseminated with UNICEF support	5	
<b>Total</b>			<b>US\$ 11,325,000</b>

## 7. Annexes to the CER

### A. Two-pagers: Non-Thematic Funding Contributions

Please refer to attached file.<sup>25</sup>

### B. Donor Statement (as of 31 December 2020) (attached)

Please refer to attached file.<sup>26</sup>

### C. Human Interest Stories and Communication

#### Advocacy and Op-eds

- [The reopening of schools is good news for children, parents and the rest of Fiji](#)
- [COVID-19 'biggest global crisis for children in our 75-year history'](#)
- [Impact of COVID-19 on poor mental health in children and young people 'tip of the iceberg'](#)
- [Pacific children celebrate and advocate on the importance of child rights to mark World Children's Day](#)
- [Young children's diets show no improvement in last decade, 'could get much worse' under COVID-19](#)
- [Fiji calls for appropriate infant and young child feeding during emergencies to protect and safeguard the best interests of a child](#)

#### Human Interest Stories

##### COVID-19

- [In Fiji, schools welcome Y12 and Y13 students back into the classrooms](#)
- [Learning Passport brings innovation to education in Kiribati](#)
- [Radio lessons support continuity of learning in Kiribati](#)
- [Children thrilled to be back in school](#)
- [Youth volunteers at the frontlines of community profiling and engagement exercise](#)
- [Teachers in Kiribati well prepared for future school closures](#)
- [The power of song during COVID-19](#)
- [Teachers supported to make schools safe for every child](#)
- [Daniel learns and has fun with the Bula Kids](#)
- [In Kiribati, children sing together and learn how to protect themselves from COVID-19](#)
- [The Fijian market vendors keeping communities safe](#)

##### TC Yasa and Ana

- [Dawara families say, 'worst cyclone and flooding ever' after Tropical Cyclone Yasa](#)

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<sup>25</sup> Applicable only for certain contributions.

<sup>26</sup> Applicable only for certain contributions.

- [The wrath of TC Yasa takes down schools, homes & livelihoods, but not Virisila's spirit](#)
- [Tropical Cyclone Yasa – A nightmare that Vaseva and her family will always remember](#)

#### Others

- [Christine Calo-oy, the woman leading supply through more than 25 Pacific emergencies](#)

#### [Statements and media releases](#)

##### COVID-19

- [ADB and UNICEF support Fijian frontline healthcare workers with over 20,000 COVID-19 testing kits](#)
- [ADB, UNICEF send Fiji urgent medical supplies to battle second wave of COVID-19](#)
- [Fiji launches Bula Kids to promote learning and prepare young children for school](#)
- [Over a million Pacific Islanders to continue battle against COVID-19 through new UNICEF – United States Government partnership](#)
- [UNICEF and Government of Japan announce US\\$20.8 million partnership to boost ongoing COVID-19 preparedness and response efforts in the Pacific region](#)

##### TC Yasa and Ana

- [Over 30,000 cyclone affected Fijian children and their families to receive support under new UNICEF - Government of New Zealand partnership](#)
- [Tropical Cyclone Yasa-affected children pack their school bags for the start of new school year](#)
- [UNICEF ready to support thousands of children in the wake of Tropical Cyclone Yasa in Fiji](#)
- [UNICEF on standby to support Government of Fiji to reach families affected by monstrous Tropical Cyclone Yasa in Fiji](#)

#### [Media coverage](#)

##### COVID-19

- [Ministry of Health receives 22,000 COVID test kits – FBC News](#)
- [22,000 GeneXpert test kits donated by UNICEF through Asian Development Bank to Health Ministry \(fijivillage.com\)](#)
- [ADB and UNICEF support Fijian frontline healthcare workers with over 20,000 COVID-19 testing kits - Fiji | ReliefWeb](#)
- [ADB, UNICEF Support Health Care Workers In Fiji With 22,000 COVID-19 Testing Kits | Scoop News](#)
- [News Mornings - 02 March 2021 from Fijian Broadcasting Corporation on Vimeo](#) ADB and UNICEF supported Fijian frontline health workers with over 20,000 COVID-19 testing kits (UNICEF coverage from 02:31).
- [The Fiji Times » Fiji COVID-contained for more than 320 days – PM](#)
- [Fiji launches Bula Kids to promote learning and prepare young children for school - Fiji | ReliefWeb](#)
- [Fiji launches Bula Kids to promote learning and prepare young children for school \(fijivillage.com\)](#)

- [Bula Kids to strengthen home learning – FBC News](#)
- [The Fiji Times » Educational kids TV series to be launched](#)
- [New UNICEF – United States Government partnership to support over a million Pacific Islanders in the battle against COVID-19 - Fiji | ReliefWeb](#)
- [New UNICEF – United States Government partnership to support over a million Pacific Islanders in the battle against COVID-19 - Fiji - Opera News \(dailyadvent.com\)](#)
- [College Interns Hold Workshops about Healthcare Facilities in the FSM - FSM - The Kaselehlie Press](#)

#### TC Yasa and Ana

- [The Fiji Times » Call for support for appropriate infant and young child feeding](#)
- [Fiji TV Stream \(Facebook Live\) Call for appropriate infant and young child feeding during emergencies \(UNICEF coverage from 24:58\).](#)
- [UNICEF to provide psycho-social training in schools next week](#)
- [We need to build stronger classrooms and quarters - PM](#)
- [School supplies reach affected schools in Bua](#)
- [Fijian children will now be able to resume studies after TC Yasa](#)
- [UNICEF to provide education supplies and technical support to Fiji](#)
- [More than 8000 students able to head back to school in Vanua Levu despite TC Yasa damage](#)
- [Tropical Cyclone Yasa-affected children pack their school bags for the start of new school year](#)
- [Students Glad To Be In School, Even In Tents](#)
- [ECE teachers get psychosocial training](#)
- [Fiji calls for appropriate infant and young child feeding during emergencies to protect and safeguard the best interests of a child](#)
- [UNICEF's Post-Yasa Child Help Locations \(fijisun.com.fj\)](#)
- [The Fiji Times » UNICEF supports digital technology for rapid data collection post-TC Yasa](#)

#### [Social media initiatives](#)

##### COVID-19 prevention measures:

- <https://www.facebook.com/unicefpacific/posts/10159669977245039>
- <https://twitter.com/UNICEFPacific/status/1448795916287168512>
- <https://twitter.com/UNICEFPacific/status/1418037019138158598>
- <https://www.instagram.com/p/CYSfjblbV2/>
- <https://www.instagram.com/p/CPmnL5tMuXE/>
- <https://www.instagram.com/p/COgge7SrQtr/>
- <https://www.instagram.com/p/CVB0Sx8BymE/>
- <https://www.instagram.com/p/CNqWJQVINKr/>
- <https://www.instagram.com/p/CUEI1rOLy-2/>

- <https://www.instagram.com/p/CRnOFGMA4y7/>
- <https://www.instagram.com/p/CQIBIH0LmLQ/>
- <https://www.instagram.com/p/CQE3QzEHdES/>
- <https://www.instagram.com/p/COH2rFznEL5/>
- [https://www.instagram.com/p/CPC\\_hRwgknQ/](https://www.instagram.com/p/CPC_hRwgknQ/)

#### Appreciation of health workers efforts' during pandemic

- <https://www.facebook.com/unicefpacific/posts/10159726431330039>
- <https://www.instagram.com/p/CRC5MbdD5e3/>
- <https://www.instagram.com/p/COzSvOrH2gr/>
- <https://www.instagram.com/p/CLDNWf5opuL/>
- <https://www.instagram.com/p/CVwtg8zrd0l/>

#### COVID-19 – Safe return to school in Fiji

- <https://www.instagram.com/p/CXzYRbApxnG/>
- <https://www.instagram.com/p/CYTRpKZt5Pc/>
- <https://www.instagram.com/p/CXwvIAJPWle/>
- <https://www.instagram.com/p/CXuFf-bBUnE/>
- <https://www.instagram.com/p/CVwDID8P21c/>
- <https://www.instagram.com/p/CVt8yzPA5yx/>

#### Impact of climate change on Pacific Island countries

- <https://www.instagram.com/p/CWeseFRtllt/>
- <https://www.instagram.com/p/CWeJiFgp89m/>
- <https://www.instagram.com/p/CWb2UV0MDbj/>
- <https://www.instagram.com/p/CWKNC8EAFjM/>
- [https://www.instagram.com/p/CV\\_08aaNbC3/](https://www.instagram.com/p/CV_08aaNbC3/)
- <https://www.instagram.com/p/CV34WBNvtnj/>
- <https://www.instagram.com/p/CMjB4omL9k4/>
- <https://www.instagram.com/p/CMed8JUHRhP/>
- [https://www.instagram.com/p/CVuOQqJPb\\_o/](https://www.instagram.com/p/CVuOQqJPb_o/)
- <https://www.instagram.com/p/CUL0Y3Zhvcx/>
- [https://www.instagram.com/p/CS\\_BxXLjQap/](https://www.instagram.com/p/CS_BxXLjQap/)
- <https://www.instagram.com/p/CSvI2KUD5oD/>
- <https://www.instagram.com/p/CMvNqCpL9Wr/>

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