

**SOLOMON ISLANDS**  
**EARTHQUAKE AND TSUNAMI DISASTER**

**AN EVALUATION OF UNICEF'S RESPONSE**  
**IN THE EMERGENCY AND INITIAL**  
**RECOVERY PHASES**

April 2008

The evaluation of UNICEF's response in the emergency and initial recovery phases on the earthquake and Tsunami in Solomon Islands was conducted by Daniel McAvoy and Michelle Legu with assistance from staff of the Policy Advocacy Planning and Evaluation Programme of UNICEF Pacific.

The Solomon Islands April 2<sup>nd</sup> 2007 Earthquake and Tsunami Disaster  
An Evaluation of UNICEF's Response in the Emergency and Initial Recovery Phases

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## List of Acronyms

ALNAP	Active Learning Network for Accountability and Performance
ARI	Acute Respiratory Infections
ADB	Asian Development Bank
AusAID	Australian Agency for International Development
CAG	Cash Assistance to Government and Coordination Action Group
CCCs	Core Commitments for Children in Emergencies
CEDAW	Convention on Elimination of Discrimination Against Women
CEO	Chief Education Officer
CFS	Child Friendly Schools
CO	Country Office
CWV	Community Welfare Volunteer
CRC	Convention on the Rights of the Child
DHR	Division Human Resources
DMT	Disaster Management Team (UN Suva)
EAPRO	East Asia and Pacific Regional Office
ECE	Early Childhood Education
EFP	Emergency Focal Point
EMOPS	Office of Emergency Programmes
EMP	Emergency Management Plan
EPF	Emergency Programme Fund
EPI	Expanded Programme on Immunisation
EPRP	Emergency Preparedness and Response Plan
EWARN	Early Warning and Response Network
FT	Fixed Term contract
GIS	Global Information System
HEA	Health Education Adviser
HIS	Health Information System
HR	Human Resources
HRBAP	Human Rights Based Approach to Programming
IASC	UN Interagency Standing Committee
IDP	Internally Displaced Person
IECD	Integrated Childhood Health and Development
IFRC	International Federation of the Red Cross and Red Crescent Societies
IMEP	Integrated Monitoring and Evaluation Plan
IT	Information Technology
MDG	Millennium Development Goals
MEHRD	Ministry of Education and Human Resources Development
MHA	Ministry of Home Affairs
MHMS	Ministry of Health and Medical Services
MOSS	Minimum Operating Safety Standards
MoU	Memorandum of Understanding
MWYCA	Ministry of Women, Youth and Children's Affairs
NDC	National Disaster Council
NDMO	National Disaster Management Office
NFI	Non-food items (relief goods)
NGO	Non-Governmental Organisation
NYHQ	New York Headquarters
OECD DAC	Organisation for Economic Cooperation and Development – Development Assistance Committee
OIC	Officer in Charge
ORS	Oral Rehydration Salts
OSM	Operational Staffing Matrix
PDC	Provincial Disaster Council
PEA	Provincial Education Authorities
RAMSI	Regional Assistance Mission to Solomon Islands
RBM	Results Based Management
RO	Regional Office
RWSS	Rural Water and Sanitation Services

SCA	Save the Children Australia
SGBV	Sexual and Gender Based Violence
SIG	Solomon Islands Government
SOPAC	South Pacific Applied Geoscience Commission
SPA	Safe Play Area
SSA	Special Services Agreement
STI	Sexually Transmitted Infections
TFT	Temporary Fixed Term contract
ToR	Terms of Reference
UN	United Nations
UNDAC	United Nations Disaster Assistance and Coordination
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
VCCT	Voluntary Confidential Counseling and Testing for HIV/AIDS
WASH	Water, Sanitation and Hygiene
WATSAN	Water and Sanitation
WHO	World Health Organisation
WVSI	World Vision Solomon Islands

## FOREWORD

The Mauritius Strategy for Small Island Developing States underscores that Pacific Island Countries are located in one of the most vulnerable regions of the world in terms of the intensity and frequency of natural and environmental disasters, and face disproportionately high economic, social and environmental consequences when such emergencies occur. There is no doubt that disasters in the region are becoming more intense and probably more frequent. Since 1950, natural disasters have directly affected more than 3.4 million people and led to more than 1,700 reported deaths in the Pacific (not including Papua New Guinea). In the 1990's, reported natural disasters cost the region US\$2.8 billion (in real 2004 figures).

Children and women are severely affected by disasters. Usually the majority of deaths occur among children under 15 years and often more women than men die. The very young, old and women are often the first to have their rights violated in the days that immediately follow natural disasters. For example, children may suffer acute morbidity, malnutrition, psychological trauma, become separated from their family, have basic services such as safe water, education and health diminished, and become vulnerable to sexual abuse and trafficking. Women may suffer rights violations such as reduced personal security, sexual abuse, violence, trafficking, and compromised access to food supplies, temporary shelter, water, sanitation, and medical treatment. After any natural disaster, women and girls often assume the primary burden of caring for their families and obtaining food and other survival basics. These and other unique vulnerabilities of children and women are often overlooked in immediate relief and recovery planning.

On April 2<sup>nd</sup> 2007 at 0740 local time (2040 GMT 1<sup>st</sup> April); an 8.1 magnitude earthquake occurred 345km north-west of Honiara, triggering a tsunami that struck the Western and Choiseul Provinces of Solomon Islands. The quake was the largest experienced in Solomon Islands since 1900. The disaster caused 52 deaths, displaced an estimated 10,000 people and kept approximately 18,000 children from school for most of the remainder of 2007. Approximately 6,500 homes and 140 schools in 304 villages were affected. Infrastructure damage was estimated at SI\$645 million (USD91 million).

Alongside other Humanitarian Emergency Response and Development Partners, UNICEF acted swiftly in support of the Solomon Islands Government. The effort represented UNICEF's first large scale emergency response in the Pacific. After deploying emergency staff immediately to the country and initiating an international funding appeal, UNICEF consulted with government and drew up a detailed Emergency Management Plan (EMP) based on UNICEF's Core Commitments for Children in Emergencies (CCCs). The EMP set out key results for children at the eight week mark and by the end of six months. An Integrated Monitoring and Evaluation Plan (IMEP) was developed as part of the EMP and outlined a series of monitoring and evaluation activities to track, measure and document results for children. One process scheduled in the IMEP was an independent outcome evaluation of UNICEF's response to be conducted at the end of the six month mark (October 2007) to identify major achievements, to take note of any constraints and gaps, and to recommend how to provide a better response to similar situations in the future. A follow-up, impact evaluation is planned for 2010.

This report represents the first detailed evaluation of UNICEF's response to the Solomon Islands emergency. It is the first external evaluation of UNICEF Pacific's performance in the context of its response to an emergency in the Pacific and also the first detailed participatory evaluation of a humanitarian agency's response in emergency and initial recovery phases of the Solomon Islands disaster.

The independent evaluation team found that UNICEF's overall response to the Solomon Islands disaster appears to have been **relevant, appropriate**, somewhat **effective** (intervention **coverage** was variable, especially in Choiseul Province) and relatively **efficient** with some major **impacts** against several Core Commitments for Children. There was strong **coherence** between programmes and there are good prospects for the **sustainability** of several key interventions. Given the lack of experience working in a large-scale emergency context, UNICEF Pacific has done well overall and in some areas it has excelled. We have learned, however, that there are significant weaknesses in terms of UNICEF Pacific's existing capacity to respond to large-scale emergencies in the Pacific. UNICEF Pacific can be justifiably satisfied with its hard work and achievements to date but needs to act swiftly to address gaps – both in terms of its preparedness for future disasters and its response to the

ongoing disaster in Solomon Islands.

I wish to thank the external evaluation team – Michelle Legu, Daniel McAvoy, and Augustine Elogu – for their integrity and industry in gathering insights and crafting this valuable report. UNICEF Pacific is grateful also to the exemplary support we received from UNICEF Headquarters, the East Asia and Pacific Regional Office (who co-funded this evaluation), and Country Offices including Bangladesh, Indonesia, Myanmar, Papua New Guinea, and Philippines. I take this opportunity to express my deep gratitude to the various Solomon Island Government Ministries, both national and provincial, and to the Non-Government humanitarian agencies that have all worked closely alongside UNICEF to date. UNICEF sincerely thanks those funding organizations that have supported our work with the Government of Solomon Islands: the Mercury Fund; the US Committee for UNICEF; the Japanese National Committee for UNICEF; the Australian National Committee for UNICEF; the New Zealand National Committee for UNICEF; the Government of Japan; and the Government of Spain. Last but by no means least, I acknowledge the many stakeholders – community, non-government, government, and UN – who contributed their perspectives and suggestions during the evaluation. UNICEF Pacific will surely learn from this experience during our continued efforts to assist the Western and Choiseul Provinces, and in our support to children in future emergencies.

Dr Isiyé Ndombi  
UNICEF Pacific Representative

April 2008

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Particular thanks go to the Policy, Advocacy, Planning and Evaluation (PAPE) Programme of UNICEF Pacific's Multi-Country office in Suva, for their guidance and support; to UNICEF staff at the Honiara field office; and to Mr Bob Koepp, Team Leader of Gizo sub-field office, and his team who provided invaluable contributions, practical support and were generous with their time.

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We acknowledge feedback on earlier drafts of this report from UNICEF Pacific and staff from UNICEF Headquarters in New York.

Finally, thanks must go to our field assistant Mr Augustine Eloga from the Solomon Islands National Disaster Management Office who supported us throughout.

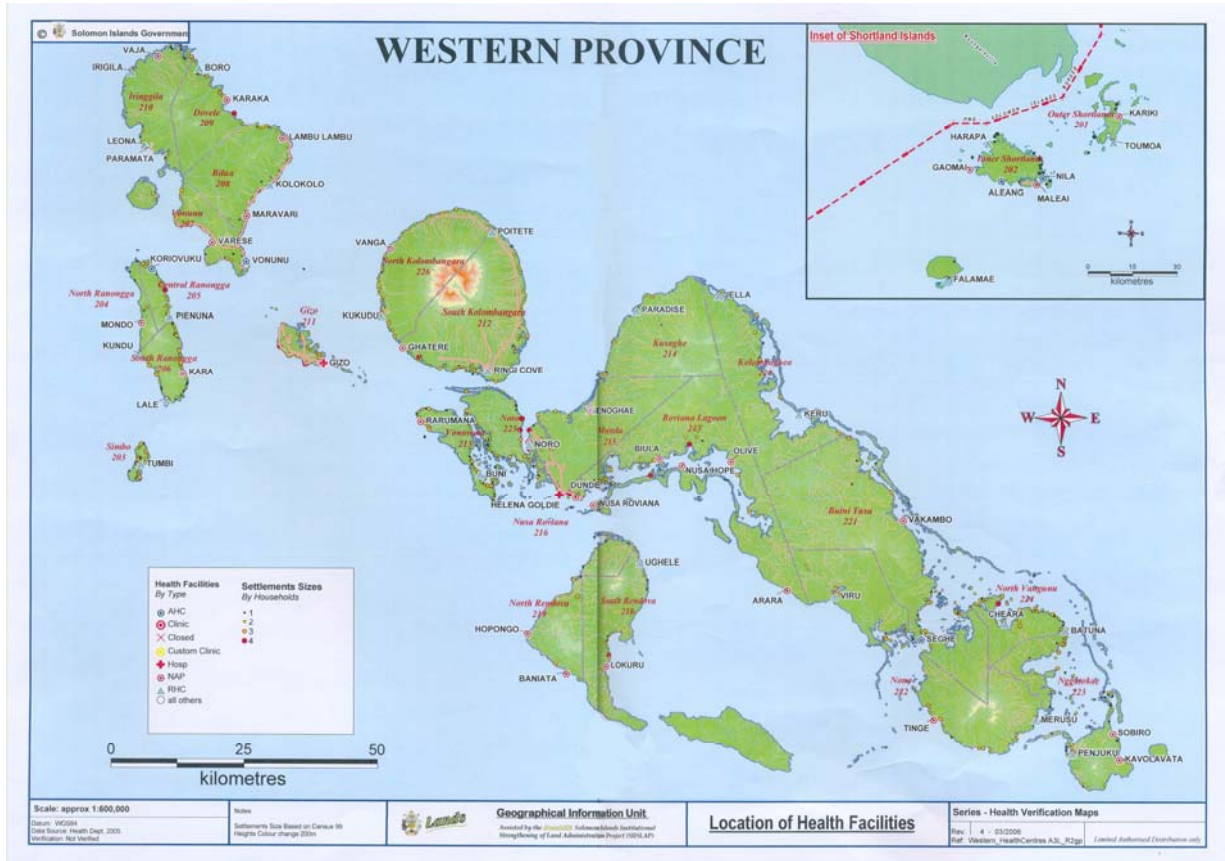
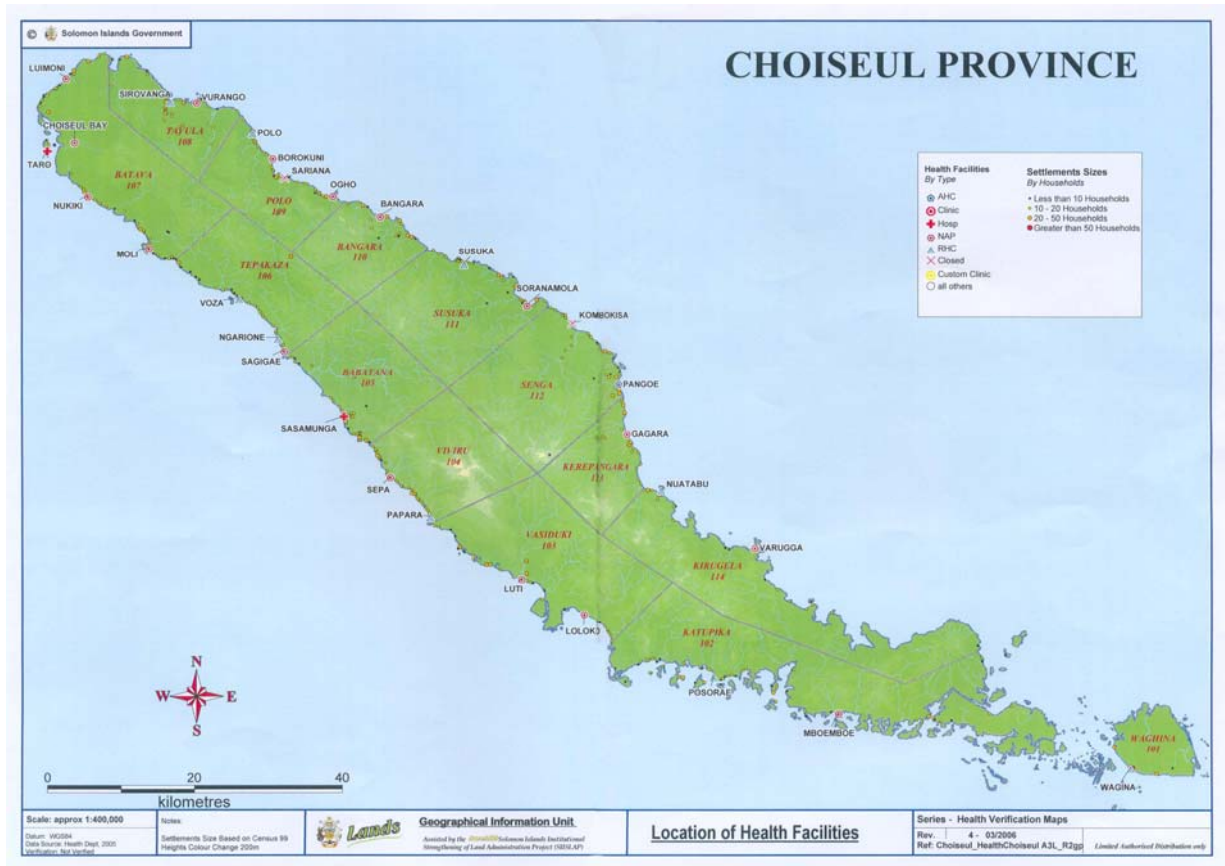
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January 2008

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# MAPS



## EXECUTIVE SUMMARY

On the morning of April 2<sup>nd</sup> 2007, a large (8.1 Richter scale) earthquake and subsequent tsunami destroyed or caused severe damage in 304 villages across the Western and Choiseul Provinces of Solomon Islands. The disaster killed 52 people and directly affected 36,500 people, around half of whom were children.

Within the last four years the UNICEF Pacific office has responded to a number of emergencies. Niue and Vanuatu were hit by cyclones in 2004, the Cook Islands and Tokelau were hit by cyclones in 2005. The April 2<sup>nd</sup> 2007 disaster, however, was the first ever **large-scale** humanitarian disaster for UNICEF Pacific's Multi-Country office in Suva, Fiji, and the Solomon Islands Field office in Honiara. This outcome evaluation likewise represents the first systematic assessment of UNICEF's response to that emergency and is among the first detailed participatory evaluations of a humanitarian agency's efforts during the emergency and initial recovery phases of the Solomon Islands disaster. A follow-up impact evaluation is planned for 2010.

UNICEF has an institutional commitment to ensuring the survival needs and human rights of children are met in emergencies. The Core Commitments to Children in Emergencies (CCCs) provide the guiding framework for UNICEF's response in emergencies. The CCCs outline programme and operational responses and priorities following a disaster in key areas of health, education, water, sanitation and hygiene, child protection and HIV, to be met in the first 72 hours, the first 6-8 weeks, and the first six months and beyond.

The overall purpose of the evaluation was to:

- identify major achievements during the emergency response and recovery phase (from 2 April 2007 to 1 June 2007) and during the initial reconstruction and rehabilitation phase (June 2 to September 30) including impact on beneficiaries;
- note constraints and gaps in that response; and
- make recommendations (as necessary) for a better response to similar situations in the future and identify potential policy implications for the future.

The terms of reference for the evaluation were broad and encompassed all major aspects of UNICEF Pacific's approach, including programme design, implementation and impact, management and leadership, supply and logistics, funding and finance, human resources and organizational learning. Due to time constraints Operational Response issues are not dealt with in as much detail as Programme issues. The evaluation focused on a number of key questions drawn from the TOR which include:

- Did UNICEF meet the CCCs?
- Did UNICEF achieve its intended results?
- What were the strengths and weakness of their approach?
- What are the lessons from their response?

The primary criteria used throughout the evaluation are those recommended by the Organisation for Economic Cooperation and Development, Development Assistance Committee (OECD/DAC) for evaluating humanitarian action. UNICEF's response was thus assessed in terms of its relevance, appropriateness, efficiency, effectiveness, impact, sustainability/connectedness, and coverage. While these criteria have been applied throughout, it is acknowledged that they represent 'ideal standards' and that it is not always practical or even appropriate to meet all criteria at all times. Sustainability, for example, may need to be sacrificed to ensure a timely response. Efficiency may sometimes be disregarded to ensure adequate coverage, as in the case of the distribution of some supplies.

It is important to note that the team adopted a participatory approach throughout the evaluation. Tools used to collect data included a document review, direct observation, key informant interviews, semi-structured group interviews with primary stakeholders among the affected population, an electronic questionnaire emailed to UNICEF staff to elicit their confidential feedback, and several feedback sessions with stakeholders to validate findings. Interviews with UNICEF staff were conducted in Suva, Honiara, Gizo and Taro and interviews or meetings were held with UNICEF's government and non-government partners in the latter three locations. Primary stakeholders were interviewed or otherwise consulted in 8 villages in Western Province and 4 villages in Choiseul Province.

## Achievements

Based on extensive consultation with a wide range of key stakeholders and review of available reports and data, the independent evaluation team found that UNICEF's overall response to the Solomon Islands disaster appears to have been **relevant, appropriate**, somewhat **effective** (intervention **coverage** was variable, especially in Choiseul Province) and relatively **efficient** with some major **impacts** against several Core Commitments for Children. There was strong **coherence** between programmes and there are good prospects for the **sustainability** of several key interventions. Given the lack of experience in responding to a large-scale emergency, UNICEF Pacific has done well overall and in some areas it has excelled (refer to Table 1 at the end of this Executive Summary). Nevertheless, the crisis highlights significant weaknesses in terms of UNICEF Pacific's existing capacity to respond to large-scale emergencies in the Pacific. UNICEF Pacific can be justifiably satisfied with its hard work and achievements to date but needs to act swiftly to address gaps – both in terms of its preparedness for future disasters and its response to the ongoing disaster in Solomon Islands.

On hearing news of the Solomon Island earthquake and tsunami, UNICEF initiated an excellent first level of response, immediately deploying senior staff from the Suva and Bangkok offices to coordinate with government and other agencies engaged in the emergency response. Emergency funds were also rapidly identified to kick start mobilization of supplies and technical assistance. UNICEF was able to determine core needs and generate support for useful interventions in key areas of health, education, child protection, water, sanitation and hygiene and HIV. UNICEF identified and deployed technical expertise to support government partners in developing their response and to guide UNICEF's programme activities in key sectors. UNICEF Pacific's commitment to having a strong staff presence in the field is noteworthy and has been instrumental in UNICEF's successes to date. It has contributed to positive perceptions of UNICEF both in Honiara and the field by all stakeholders.

### Achievements during Emergency Response and Recovery Phase

Within the first 72 hours UNICEF:

- Deployed experienced emergency personnel to Honiara to coordinate and plan UNICEF's emergency response.
- Mobilized medical supplies which had been already been pre-positioned in Honiara. Oral Rehydration Salts (ORS) were sourced and provided to boost the Ministry of Health and Medical Services (MHMS) stores for distribution to facilitate home-treatment of diarrhea.
- Developed and issued an immediate needs document requesting funding of \$500,000 for UNICEF's initial response.

Within the first 7 days UNICEF:

- Deployed a Nutritionist to the affected area to assess nutritional needs.
- Began detailed preparations for Measles immunisation and Vitamin A supplementation. Teams were trained and mobilized within three weeks, reporting greater than 95% coverage across the affected areas.
- Mobilized essential supplies such as tents and tarpaulins for emergency shelter provision and temporary schooling or play areas for children.
- Lobbied to ensure that child protection issues received prominence in the emergency response and utilizing existing partnerships to effectively include child protection issues in government policy statements and interventions.
- Identified emergency technical assistance in water and sanitation, health, child protection for rapid deployments in the following week.

Within the first 6-8 weeks UNICEF:

- Deployed the 6 requested staff in the first 14 days and the additional 3 within 6 weeks.
- Within three weeks, developed an Emergency Management Plan (EMP) and associated Integrated Monitoring and Evaluation Plan (IMEP), aligned to the CCCs and based on available assessment data.
- Provided important contributions to facilitate the establishment of an Education Sector Working Group (ESWG) and enabling the ESWG to: conduct an assessment on learning spaces and

resources; create temporary spaces for play, recreation and learning; and develop a child-centred recovery plan and back to school campaign.

- Distributed 250 family tents and 1,400 tarpaulins to health staff and Internally Displaced People (IDP) around Gizo Island.
- Through partners, commenced distribution school-in-box kits (final total 180) and recreation kits (final total 182) to schools in the affected areas making it possible for schooling to resume as soon as possible.
- Within 14 days, distributed emergency medical kits with the capacity to supply hospitals serving a community of 10,000 people for 3 months (pre-positioned with MHMS in Honiara prior to the disaster). One kit was sent to Gizo hospital, 1 to Sasamunga, and 1 kit was deployed to the Shortland Islands.
- Supported a comprehensive health promotion campaign addressing key areas of risk associated with nutrition, hygiene promotion, HIV prevention and warning of specific dangers such as from handling asbestos. The campaign also served as a distribution mechanism for soap (6,500 bars), Vitalita (a micro-nutrient supplement) (90,000 sachets), ORS (30,000 sachets), and 4400 collapsible water containers (10 litres size).
- Established effective collaborative partnerships with NGOs working on water, sanitation and hygiene issues and coordinated efforts with the National and Provincial Rural Water and Sanitation Services (RWSS).
- Alongside other partners, ensured all IDP camps were at >50% of SPHERE standards for water supply as targeted.
- Provided support to government leadership and coordination of protection issues and gave material assistance to the establishment of a child protection working group through the Social Welfare Division of MHMS.
- Alongside other partners, supported the establishment of 31 Play safe areas reaching 3,168 affected children in Gizo, Simbo, Vella La Vella and Choiseul.
- With partners, developed a network of young people disseminating information about HIV and AIDS through community-based activities in Safe Play Areas. Twenty-eight Youth Volunteers from 15 IDP camps were trained on 3 Pacific Stars Life Skills modules. As the first activity, the Youth Volunteers surveyed 240 young people in IDP camps in relation to Self Awareness, Coping with Emotions and Stress, and HIV/STIs.

### **Achievements during Initial Reconstruction and Response phase**

Within the first 6 months UNICEF:

- At the 10 week mark, conducted an innovative, population-based Omnibus Survey to determine reach of key interventions (Oral Rehydration Salt packets (ORS), soap, Vitalita, and health promotion messages) as well as HIV knowledge and attitudes.
- Through partners, distributed 75 school tents (large) to provide classrooms or dormitories in affected villages in both Choiseul and Western Provinces.
- Through partners, distributed 21,000 school bags to students in schools in the affected area which provided a strong incentive for students to return to school.
- Through partners, completed the distribution of 180 school-in-box kits and 182 recreation kits to schools in the affected areas.
- Through partners, distributed 47 guitars and 16 rugby balls with a further 55 guitars are assigned for Choiseul Province (but not yet distributed at the time of the evaluation).
- Through partners, distributed 218 wind-up radios with emphasis given to women in IDP camps.
- Through partners, distributed over 1500 tarpaulins (various sizes) to schools, IDP camps, and education and health staff.
- Through partners, distributed 20 clinic equipment sets to the National Pharmacy to rehabilitate rural clinics.
- Alongside other partners, reactivated Health and Nutrition monitoring and surveillance by providing support (computers, software, technical assistance) to provincial government partners enabling Early Warning and Response Network (EWARN) and Health Information System (HIS) programmes to resume/be developed.
- Rehabilitated the water storage and supply and incinerator for Gizo hospital.
- Continued to provide technical advice, funding and material and logistic assistance to Rural Water and Sanitation Services upon request.
- Assisted communities providing a limited number of water tanks, water containers and water systems. Over 8000 collapsible water containers (10 litres size) were distributed.

- Through partners, distributed 33,800 bars of soap (at the time of this evaluation, 57,000 additional bars were ready for distribution as part of the Health Promotion and WASH activities).
- Alongside other partners, established a total of 85 Safe Play Areas improving child protection and children's recovery from trauma associated with the disaster, benefiting some 8,500 children.
- Alongside the Social Welfare Division of the MHMS and NGO partners, mobilised and trained a total of 62 Community Welfare Volunteers in both provinces. Out of these numbers, 60% of the trained CWVs produced community protection plans.
- At the 10 week mark, together with UNAIDS, provided HIV and emergencies training to UN staff, senior government staff and partners in Honiara, Gizo, and Suva, and assessed the post-disaster situation (Gizo, Taro and Sasamunga) with recommendations for mainstreaming additional HIV and AIDS interventions into the recovery response.
- Conducted HIV Awareness raising activities in association with a broader health promotion campaign utilising peer-to-peer educators and radio messages.
- Provided VCCT equipment to Gizo Hospital.
- Provided ongoing practical support to local leadership and coordination.
- Strengthened existing partnerships with government agencies (e.g. MHMS, MEHRD, MWYCA) and NGOs (e.g. Save the Children, World Vision, Caritas) and built new partnerships with provincial governments in Western and Choiseul Provinces.

## **Constraints and Gaps**

Although UNICEF's commitment to respond to the humanitarian needs of those affected by the disaster has been impressive, it has at times been undermined by gaps in UNICEF Pacific's emergency response capacity. This was perhaps most apparent in the area of supply and logistics, where for a variety of reasons, UNICEF was not always able to maintain an efficient, timely supply and distribution of required goods. While many external constraints – such as the remote and scattered geographic distribution of beneficiaries and the capacity of other partners – limited UNICEF's ability to meet some targets, there are specific areas of weakness in UNICEF Pacific's own programmatic and operational approach, which should be addressed. These are discussed briefly below and in more detail in the relevant sections of the report.

### **External constraints and gaps**

- Government coordination in the first days of the emergency was not strong. Coordination of the initial response was focused in Honiara, far from the crisis and it was difficult to get a clear idea of what the situation was.
- UN Coordination was weak and a series of brief deployments by UNDP, UNOCHA and WHO limited overall UN leadership and coordination of external assistance providers.
- The deployment of an UNDAC mission for 2 weeks was useful but when the UNDAC mission left and coordination mechanisms quickly deteriorated.
- Each agency used different assessment tools resulting in much duplication and massive amount of sometimes conflicting data and insufficient resources were dedicated to process it.
- The emergency response quickly became political. Poor communication and weak cooperation between central government and provincial government, between government and external agencies at senior levels, and between some external agencies themselves, led to confusion, inconsistent approaches to dealing with the emergency and reluctance by some key UN agencies to get involved.
- There was no common sense of purpose or even of how serious the emergency was which led to limited operational commitments by some agencies (when compared to UNICEF).
- There was no common contingency plan for dealing with a natural disaster in a remote province far from the capital, Honiara.
- Finally, the geographical remoteness, dispersed nature of settlements and very limited infrastructure in Western and Choiseul Provinces, imposed very significant constraints for logistics, travel and communication.

### **Internal constraints and gaps**

- UNICEF as an organization has relatively limited experience in the Pacific and has only had a permanent presence in Solomon Islands since 2003 with very little engagement at Provincial Government level.

- UNICEF Supply Division as the central storage point for UNICEF supplies is located in Copenhagen, Denmark and is therefore very distant from the Pacific.
- UNICEF in Suva and Honiara had no institutional experience in emergency response and staff and systems were insufficiently prepared for the challenges of an emergency.
- Lack of experience or training in logistics led to serious gaps in managing the efficient and timely movement of goods.
- When internally redeployed Supplies and Logistics staff were not available for periods of time in Gizo, some of the other field staff were not fully aware of UNICEF policies and procedures causing delays in procurement and approval processes (e.g. incorrect paperwork for requests was submitted).
- Frequent travel and/or training by key staff in UNICEF Suva office caused delays in approval and decision processes or simply the unavailability of operational staff to manage increased workloads.
- Frequent short 2-3 day field visits from Suva and Honiara to the field in Gizo, caused excessive disruption to normal programme activities, is expensive and inefficient given the length of time traveling can exceed the length of time in the field.
- While UNICEF's programme was guided by the CCCs there were occasions where local context and local knowledge were not sufficiently taken into account.
- While UNICEF's programme commitments to the emergency were relevant and appropriate, some were also extremely ambitious. At times operational commitments were not adequate to make sure every programme commitment could be met.

## **Lessons learned**

### **Programme**

- UNICEF made a strong commitment to rights-based and results-based Planning, Monitoring and Evaluation and exhibited a willingness to learn from the lessons of similar disasters. The Emergency Management Plan (EMP) and accompanying Integrated Monitoring and Evaluation Plan (IMEP) were developed quickly and updated regularly in consultation with key stakeholders based situation monitoring. While some planned programme results and targets were ambitious, most were appropriately aligned to the CCCs.
- An innovative, population-based Omnibus Survey was used to assess the reach of several key interventions (e.g. ORS) and health promotion messages at the 10 week mark. Poor coverage in the distribution of some items indicated that improved and more regular tracking of supplies distributed to beneficiaries was needed.
- While UNICEF should emphasize education and health in its emergency interventions, vulnerable groups should have a first claim on these responses to mitigate the impact on these groups. Communities without a health clinic or without a school, or without both, are inherently more vulnerable as a consequence of this lack of services and need to be prioritised during emergencies.

### **Operations**

- To meet ambitious programme commitments equally ambitious operational commitments are required. UNICEF's success in rapidly mobilizing a measles immunisation and Vitamin A campaign was only possible because it was carefully planned and extensive operational support was given to local partners to implement it. UNICEF's results in terms of the reaching targets for ORS, soap and Vitalita distribution, and the promotion of hygiene and HIV prevention were not as comprehensive. A leading factor contributing to this is that insufficient staff and operational resources were dedicated to meeting these latter targets.
- Accountability requirements demand that UNICEF improve its logistics capacity. All staff should acquire a basic understanding of procedures for supply, receipt and distribution of goods.
- UNICEF's most crucial resource is its staff. In times of emergency, greater managerial oversight or additional staffing resources may be necessary to strengthen financial administration to ensure that field staff receives salaries and per diems in a timely and reliable manner.

## Summary Recommendations

More specific recommendations are provided in Section 7 of this report.

### **Now (Next 6-8 weeks)**

- UNICEF should maintain a strong presence in Western Province and expand/ establish presence in Choiseul Province.
- In coordination with the National Disaster Management Office (NDMO) and other agencies, UNICEF should undertake a vulnerability needs assessment throughout the affected area to identify communities or groups at risk (e.g. pneumonia or malnutrition) and intervene as required.
- In coordination with NDMO, Development Services Exchange (DSE) and other NGOs document and map 'Who has done What, Where' and identify any communities that need support but have not received it.
- Examine options and expedite proactive engagement on HIV and Child Protection issues in Choiseul and Shortland Islands.
- Review staff safety and train staff in sea-survival and related skills.

### **Next Year (Next 2-12 months)**

- Undertake health/nutritional baseline survey as planned.
- Undertake detailed review of operational processes to simplify and streamline supply and financial procedures.

### **Future (in the event of another disaster)**

- Ensure that local capacity and local knowledge are utilised as much as possible from Day 1 of an emergency and resource local capacity before assuming it is lacking.
- Identify strategies to assist getting essential government staff (health and education) back to work or involved in assessments as soon as possible.
- Provide practical support to local leadership and coordination as soon as practical.
- Build systems to get the right information to the right people to assist them to make the right choice for their circumstances.
- Establish clear performance benchmarks and reporting mechanism for procurement and delivery of supplies in emergency circumstances.
- Consider introducing performance indicators to improve support to field staff.
- Preposition tents, safety equipment, office set-up kits within the region.
- Establish emergency supply agreements for key items in advance.
- Map shipping routes and pre-identify preferred transport options for various scenarios.
- Devolve as much responsibility and decision-making to the field as UN rules will permit.
- Ensure all key management staffs are brought through Suva for a thorough briefing prior to deployment and that this briefing is prioritized by staff in Suva. The Human Resources in Emergencies UNICEF intranet site contains orientation templates, some of which were developed in 2005, after the Indian Ocean Tsunami.
- Develop common standards and approaches with NGOs that ensure beneficiaries are adequately consulted and informed on who UNICEF is and what UNICEF does.
- Consider community distribution agreements documenting people's entitlements.
- Ensure implementing partners are closely monitored and understand that they are accountable for losses and damages.

**Table 1: Snapshot Assessment of UNICEF's Performance in Responding to the Solomon Islands April 2<sup>nd</sup> 2007 Emergency (independent evaluators' judgements)**

AREA OF UNICEF'S PERFORMANCE	Weak	Satisfactory	Good	Excellent	Comments
<b>1) UNICEF's core commitments for children in emergencies</b>					
<i>These core commitments cover:</i>					
<i>a) overall humanitarian response</i>					
operational approach		✓			
rapid assessment		✓			
coordination			✓		
<i>b) programme commitments</i>					
health and nutrition				✓	
water, sanitation and hygiene		✓			
child protection			✓		
education				✓	
HIV	✓				
<i>c) operational commitments</i>					
security		✓			Greater focus on marine safety needed
planning			✓		
monitoring			✓		
fundraising				✓	
communications		✓			
human resources <sup>1</sup>	✓				
information technology			✓		
supply and logistics	✓				
finance			✓		
administration		✓			
organizational preparedness		✓			
support at all levels including regional, country-office and headquarters.			✓		Support is good overall but support to field is often weak.
<b>2) Lessons pertinent to emergency response</b>					
<i>OECD/DAC criteria for evaluating humanitarian action:</i>					
relevance/appropriateness (including timeliness)			✓		Had it been timely 'excellent' may have been justified here.
efficiency		✓			
effectiveness			✓		
impact			✓		
sustainability			✓		Strong partnership with both government and NGOs. Too early to score excellent.
connectedness			✓		
coverage	✓				Problems with coverage and equity need to be addressed.
coherence			✓		Interventions have been targeted, sensible and align with CCCs and Government priorities.
<b>3) Adherence to international principles and standards</b>					
Did UNICEF's performance meet international principles and standards (Code of Conduct, Sphere, and IASC Code)?			✓		
Were local people involved in the response?			✓		
What was their perception of UNICEF's response and its impact?			✓		
Were local capacities and disaster-preparedness capacities strengthened?			✓		
To what extent did UNICEF work with national and				✓	This has been UNICEF's greatest

<sup>1</sup> These are qualitative judgments by the independent evaluators and not quantitative assessments against Human Resource CCCs. It should be noted that UNICEF used three different recruitment modalities: internal redeployment of staff; external recruitment; and standby arrangements.

provincial governments and align itself with government priorities?					strength – both at national and provincial levels.
To what extent and with what result did UNICEF Pacific itself promote and engage in inter-regional cooperation and advocate for inter-agency cooperation among government, NGO and international agencies?			✓		Close working relationship with NGOs. Less evident with donors and UN.
How have human resources been managed <sup>2</sup>		✓			
How have human resources been led				✓	
How have human resources been supported	✓				
<b>4) Use of funds</b>					
How much money did UNICEF allocate, and spend, and where and on what?					Refer report
Was this reflected in programme plans?	✓				
Did UNICEF add value to the overall response?				✓	
Was the allocation of funds/spending in line with the needs of those affected?			✓		
Were UNICEF's interventions cost-effective?		✓			
<b>5) Learning</b>					
Is there evidence that UNICEF has learned from the response, and shared lessons from this and previous disasters?				✓	
How well did UNICEF Pacific apply lessons learned from previous disasters including the Indian Ocean tsunami?		✓			
Does UNICEF have effective systems in place to monitor, evaluate, learn and adapt from its ongoing work?			✓		'Excellent' except for weak tracking of supply distribution.
<b>QUALITATIVE ASSESSMENT TOTAL</b>	<b>6</b>	<b>11</b>	<b>20</b>	<b>7</b>	
	<b>Weak</b>	<b>Satisfactory</b>	<b>Good</b>	<b>Excellent</b>	

**Rating scale:**

**Weak:** this has been a substantial Pacific Office weakness and constrained UNICEF's overall achievement in other areas. Immediate attention should be taken to address serious issues in this area.

**Satisfactory:** has met some requirements but there are major issues that need attention.

**Good:** has met most requirements and there are no or few major problems overall. Performance can and should still be improved or may have been compromised by weak performance in other areas.

**Excellent:** this has been an area of strength. In the context of the emergency and international standards UNICEF has performed to expectations. Some issues may remain but these of a less serious nature.

<sup>2</sup> These are qualitative judgments by the independent evaluators and not quantitative assessments against Human Resource CCCs.

# 1. INTRODUCTION

UNICEF has provided life-saving assistance and protection to children in emergencies since its inception. This is guided by the principle that children in emergencies have the same needs and are entitled to the same rights as children in normal situations.<sup>3</sup> In the late 1990s, in a concerted attempt to learn from the mistakes made by humanitarian actors in Rwanda and Burundi, the Balkans and elsewhere, a range of initiatives were taken by leading humanitarian response agencies to improve the effectiveness and accountability of humanitarian assistance. UNICEF has been closely engaged in the international effort to develop common minimum standards to ensure that those affected by conflict and disaster, receive timely, effective and appropriate life-saving assistance in emergencies.

UNICEF has also developed and adopted its own set of Core Commitments for Children (CCCs) in Emergencies. These commitments provide a structured logic to the provision of assistance to children and women in emergencies. First, focus on those interventions proven to be essential for immediate survival and protection.<sup>4</sup>

While UNICEF as a whole has a wealth of emergency experience worldwide, the earthquake and tsunami in Western Province and Solomon Islands was the first **large scale** humanitarian disaster that UNICEF has responded to in the Pacific. Given this limited experience, UNICEF Pacific staff can be justly proud of the numerous achievements and strong role that UNICEF has played in the initial response and early recovery efforts in Western and Choiseul Provinces. Inevitably, the crisis has highlighted numerous areas where UNICEF can and must improve. Natural disasters are unfortunately common occurrences in the Pacific.

This evaluation represents the first systematic and external assessment of UNICEF's response to a large scale emergency and among the first detailed participatory evaluations of a humanitarian agency's response in emergency and initial recovery phases of the Solomon Islands disaster.<sup>5</sup> The evaluation aims to identify lessons from this emergency response which, if learned, should assist UNICEF to prepare and respond more effectively to provide lifesaving assistance and protection to children and women in future disasters.

## 1.1. Evaluation background and purpose

The overall purpose of evaluating UNICEF recent and ongoing emergency response to the recent earthquake and tsunami in Solomon Islands is to:

- identify major achievements during the emergency response and recovery phase (from 2 April 2007 to 1 June 2007) and during the initial reconstruction and rehabilitation phase (June 2 to September 30) including impact on beneficiaries;
- note constraints and gaps in that response; and
- make recommendations (as necessary) for a better response to similar situations in the future and identify potential policy implications for the future.

## 1.2. Scope, Methodology and Constraints

### Scope

The scope of the evaluation as defined in the TOR (Annex 1) was quite broad, allowing the team to engage with a wide range of stakeholders and issues to develop an overall perspective of UNICEF's response. Successful humanitarian emergency response requires high performance across all aspects of an emergency response organization, from effective leadership, to sound assessment, to efficient supply and logistics, to coherent and well-targeted programming, to reliable monitoring and accountable financial management. The evaluation team has thus taken a holistic approach to the evaluation and attempted to reflect a variety of perspectives on UNICEF's key achievements, lessons-learned and recommendations.

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<sup>3</sup> UNICEF, 2004a. Emergency Field Handbook. A guide for UNICEF staff.

<sup>4</sup> UNICEF, 2004b. Core Commitments for Children in Emergencies.

[http://www.unicef.org/publications/files/CCC\\_EMERG\\_E\\_revised7.pdf](http://www.unicef.org/publications/files/CCC_EMERG_E_revised7.pdf)

<sup>5</sup> However there have been at least three real-time evaluation including a NDMO led Lessons-learned workshop in Honiara from 11-15 June, an expanded Disaster Management Team meeting comprised of UN stakeholders in Suva with a phone hook-up to Honiara, and a lessons-learned evaluation of World Vision's response held in Brisbane in August 2007.

The key issues and questions for the evaluation included:

1. Examining UNICEF's success in meeting core commitments for children in emergencies.
2. Identifying lessons pertinent to emergency response from the perspective of the OECD/DAC criteria for evaluating humanitarian action: e.g. relevance, appropriateness (including timeliness), efficiency, effectiveness, impact, sustainability and connectedness, coverage, and coherence.
3. Assessing UNICEF's overall responsiveness and achievements across all sectors; in terms of geographic coverage within the affected area; amongst key categories of the beneficiary population; in terms of overall coherence and according to the results and targets identified in the Results Matrix of the Emergency Management Plan (Annex 6). The evaluation team was asked to identify strengths and weaknesses of UNICEF's response.
4. Monitoring UNICEF's adherence to international principles and standards in terms of participation, capacity building, and alignment with national and provincial government priorities.
5. Examining UNICEF allocation and use of funds, and assess the extent to which they were in line with the needs of those most affected and were cost effective
6. Finally, examining the evidence to suggest that UNICEF has learned from the response and promoted sharing of lessons from this and other disasters, applied lessons from previous disasters including the Indian Ocean Tsunami and put in place systems to monitor, evaluate, learn and adapt from its ongoing work.

### Focus of Evaluation

The team has focused its efforts in identifying lessons learned and developing action-oriented recommendations for the primary client of the report, namely staff and management of UNICEF Pacific based in Fiji, Solomon Islands and other Pacific Island countries. However many of the team's findings and recommendations are of immediate relevance to other stakeholders in the Pacific region, and particularly those engaged in current recovery efforts in the Solomon Islands following the April 2 earthquake and tsunami.

### Methodology

The methodology for this evaluation has been developed in accordance with terms of reference developed by UNICEF Pacific's Policy, Advocacy, Planning and Evaluation Programme (PAPE), UNICEF Evaluation Report Standards, and other key documents specifying international standards for humanitarian evaluation design.<sup>6</sup>

The evaluation team adopted a participatory approach throughout aiming to create space for frank feedback by affected communities, UNICEF staff, and government and non-government partners; to this end, a combination of both qualitative and quantitative approaches were used. The team has tried to ensure that the purpose of the evaluation was well understood by all stakeholders and has sought to involve UNICEF Pacific staff from all levels of the organization. It is hoped and intended that recommendations are accessible and relevant to staff at all levels of the organization, thus promoting ownership and ultimately sustainability of any future emergency preparedness and response interventions by UNICEF. **The evaluation's focus is on the performance of UNICEF Pacific as an organization, not on the performance of individuals.**

Key data sources included:

- Damage assessments, situation and other reports, meeting minutes, monitoring data, and policy documents, warehouse, procurement and other administrative records.
- Interview and focus-group discussion responses by key informants among primary stakeholders (both beneficiaries and non beneficiaries within the affected population)
- Interview and focus-group responses by affected populations, UNICEF staff, NGOs and government partners).
- Written email responses to an informal questionnaire survey by UNICEF staff in Suva, Honiara and Gizo.
- Direct observation of work processes, activities, commodities, sites and facilities.

A **desk review** of key documents was carried out, namely:

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<sup>6</sup> OECD DAC (1999) 'Guidance for Evaluating Humanitarian Assistance in Complex Emergencies' Working party on Aid Evaluation, Paris; ALNAP (2002) ALNAP Quality Proforma: The Evaluation of Humanitarian Action (EHA) Process As Revealed By Evaluation Reports (see ALNAP Annual Review series).

- Recent international experience and best-practice standards in the evaluation of humanitarian action including tsunami and earthquake responses by UNICEF.<sup>7</sup>
- Reporting and other documentation by UNICEF regional and Suva office (assessments, emergency management plans, project documentation, situation and monitoring reports, staffing and security policies and other key records and documents).<sup>8</sup>
- Reporting and other documentation, including on lessons-learned, provided by other implementing and coordination agencies.

**Semi-structured key informant interviews** were conducted with a range of informants drawn from primary stakeholders, Solomon Islands Government, and Provincial government in Western and Choiseul Provinces, UNICEF management, operational and programme staff in Suva and Solomon Islands and representatives of other implementing agencies. Key informant interviews can provide useful detail, suggest future lines of enquiry and can give an indication of views of overall impact and effectiveness. Any individual views expressed need to be considered in context and, inevitably, are subject to individual bias. Informants were encouraged to be frank and were given an assurance of confidentiality.

**Focus group discussions** were held with UNICEF staff, representatives of NGO partners and primary stakeholders (as identified above). While such discussion may elicit a wider range of views than interviews they are subject to manipulation or self-censorship and may be dominated by stronger personalities. They need to be carefully facilitated to avoid gender or other bias. Community meetings were held in some communities and where possible were followed with peer group meetings with women, youth, men and teachers.

A **written questionnaire** was developed to seek the views of UNICEF staff in UNICEF's multi-country office (Suva), field office (Honiara) and sub-field office (Gizo). Former UNICEF consultants were emailed to invite comment. The evaluation has benefited substantially from the considered contributions of these staff and consultants.

A **verbal questionnaire** was developed specifically for use with primary stakeholder populations in Western and Choiseul Provinces. The questionnaire was partially developed during a workshop with staff from UNICEF which included staff from Western and Choiseul Provinces. Further questions were included by the evaluators based on UNICEF's Solomon Islands Emergency Management Plan (Version 5 04/06/07). One evaluator (a female Solomon Islander) and the field assistant (male Solomon Islander), who both had prior experience conducting verbal questionnaires in Western and Choiseul Provinces, conducted the survey with target groups. This has been a very useful tool, considering that a range of beneficiary perspectives (up to 10 in some cases) were collectively presented. However, the quality of answers is very much subjected to interviewer-bias, gender-bias and interpretations of the question. The use of "pidjin-englis" as the language of enquiry rather than local vernacular may have increased potential for misunderstanding. Analysis of this data-set reveals many similarities as well as differences in the type and detail of response from meetings with just women compared to just men, or compared to communities as a whole. Predictably, women were generally able to be more specific regarding details related to health and children.

**Direct observation** during field visits of work processes, facilities, written records, programme deliverables and utilization by beneficiaries, also provided an important means of verification. In some cases the team was able to utilize detailed field reporting by current and former UNICEF consultants as a baseline for their observations. Participant observation of attitudes and behavior of all stakeholders was also important, although allows room for bias or misinterpretation.

**Story-telling/Most significant change (MSC):** Staff and primary stakeholders were often invited to tell stories about their experience – both regarding the tsunami and the international response, including by UNICEF. This was an effective tool for acquiring data on the impact and effectiveness of UNICEF activities and advocacy. Two case studies have been developed from this data has been used place UNICEF's achievements, constraints and lesson-learned into context.

<sup>7</sup> E.g. UNICEF (2006) 'The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and Initial Recovery Phase) Indonesia.

<sup>8</sup> UNICEF Pacific's Emergency Preparedness and Response Plan were updated in 2006 and again in March 2007, a month before the Solomon Islands Disaster. This evaluation has found, however, that in the event of a real emergency, the plan was insufficiently detailed to provide useful guidance.

A **review workshop** was held in Honiara, led by the Evaluation team, to discuss substantive issues emerging from the first draft with the Evaluation's Steering Committee and other stakeholders.

### **Impartiality, Confidentiality and Ethics**

Every effort was made to ensure that the evaluation was as ethical and its results as objective and impartial as possible. With the exception of protocol meetings and staff consultations, UNICEF staffs were not present during meetings with key informants, implementing partners or beneficiaries. The confidentiality of the evaluation was stressed throughout and except where informants have expressed a willingness to be identified, confidentiality of responses and data has been maintained. This includes consultations with UNICEF staff at regional, country and field office where staff were provided with the opportunity to submit response directly to the independent evaluators via email. All photographs taken by the evaluation team were with the informed consent of the subjects. Other photos used in the report have been used with the permission of the photographer.

Children under the age of eleven were not formally included in data collection except by non-invasive methods such as drawing and discreet observation while engaged in discussion with older representatives of their communities.

### **Data Analysis**

The majority of data collected were qualitative in nature. Where appropriate, quantitative data such as supply distribution, population coverage, and finances are presented. Key findings were verified by triangulation, that is, by comparing a significant response (eg. 'UNICEF coordinated very well' or 'Our village did not receive a UNICEF school in a box kit' or 'Our household did not receive a UNICEF family kit') with data or responses provided by other independent sources (interviews, focus group or observation). The team met to review site reports to review the findings and investigate those that were unusual (eg. a men's discussion group demonstrating a sophisticated understanding of the role of a CWV while a women's group did not) for possible sources of error. Community responses summarised in section 4 under 'beneficiary perspectives' have been used to represent the range of responses from primary stakeholders and represent the understanding of all three evaluation team members (i.e. not just the interviewer).

### **Methodological Constraints**

The small size of the evaluation team (two external evaluators and one field assistant) and the limited time available were the most significant constraints. The team had 25 working days including literature review, revision of methodology (including the design and testing of a questionnaire), field visits, data analysis, report finalisation, review meeting. The team notes with regret that time or circumstance did not permit views to be gathered from all relevant stakeholders. Particular gaps include the absence of interviews or focus group discussions with the following important categories of stakeholder.

- Community Welfare Volunteers
- Former Play Safe Area staff
- Other major CBO partners in relief assistance (eg. Luru Peoples Association)
- Church leaders and organisations in Western or Choiseul Provinces.

The logistical complexity of travelling to very remote field sites by small open boat was also a major constraint. Several hours of travel each way were required to reach most field sites. Selection of sites was somewhat constrained by logistics and the time available. Air travel also posed problems. Due to an airline strike the team was unable to travel to Taro from Gizo by plane as scheduled and undertook a five hour journey by boat to maintain their field schedule. Poor weather conditions then delayed the teams return flight from Taro to Honiara by two days, limiting the time available for data analysis and report writing. While the team received invaluable support from UNICEF staff in Suva, Honiara, Gizo and Taro, the team arranged most of the logistics for the mission themselves which also consumed a substantial amount of time.

The small size of the team necessarily limited how many sites it was feasible to visit and how many interviews it was possible to carry out. The team had relevant expertise in participatory evaluation design and implementation experience, tsunami and earthquake emergency response and early recovery programme management, disaster assessment expertise and substantial country experience in Solomon Islands. Notably, however the team did not include members with expertise in

reproductive health and nutrition, WATSAN or child protection. The team has worked within these constraints by making the most of available expertise within UNICEF. It is recommended that health and/or WATSAN expertise be included in the composition of future evaluation teams.

We would like make two further points when considering the findings and recommendations of this evaluation.

Firstly, with regard to the evaluations findings, it is important to acknowledge that we, the evaluation team, were not there during the initial response. If you are not 'in the emergency' it is very difficult to have a clear picture of what was done and why. Or what the competing priorities and essential trade-offs that had to be made on a day to day basis. And just how difficult it is to do 'everything at once' including meeting the urgent needs of the beneficiary population while ensuring adequate consultation with government and keeping the paper work on track.

Secondly, to the extent that there were any gaps or limitations to UNICEF's response to the Solomon Islands disaster, whether in Suva, Honiara or Gizo offices, should in no way be taken to imply criticism of the individuals who were there at the time. In the view of this evaluation team they have not only done their level best, they have gained a great deal of respect and esteem from the communities they have worked to assist and from government and non-government partners they have worked along side.

### **1.3. Structure to the Report**

The remainder of this report is structured as follows. Section 2 begins with a general background to Solomon Islands, including an outline of the UN's presence in country. This is followed by an overview of the developmental context of the two Provinces – Western and Choiseul – affected by the April 2<sup>nd</sup> 2007 disaster. The disaster itself is briefly described.

Section 3 introduces UNICEF's guiding principles and frameworks for emergency response and describes how UNICEF and UNICEF Pacific responded to the disaster. Each sub-section examines various Core Commitments: to Education; to Health and Nutrition; to Water, Sanitation and Hygiene; to Child Protection; and to HIV and AIDS. The sub-sections follow the same structure: the context for the Core Commitment response; the nature of UNICEF's response; a summary of key achievements; an analysis of constraints and gaps in the response; and lessons and recommendations.

Section 4 looks at several Programme issues including UNICEF Pacific's Emergency Preparedness and Response capacity in general, together with partnerships, inter-agency coordination, and funding during the Solomon Islands emergency response.

Section 5 considers general Operations and Management issues. Amongst the topics covered here are: supplies; logistics; information technology, security and safety; office management and leadership; human resources; reporting and internal communications.

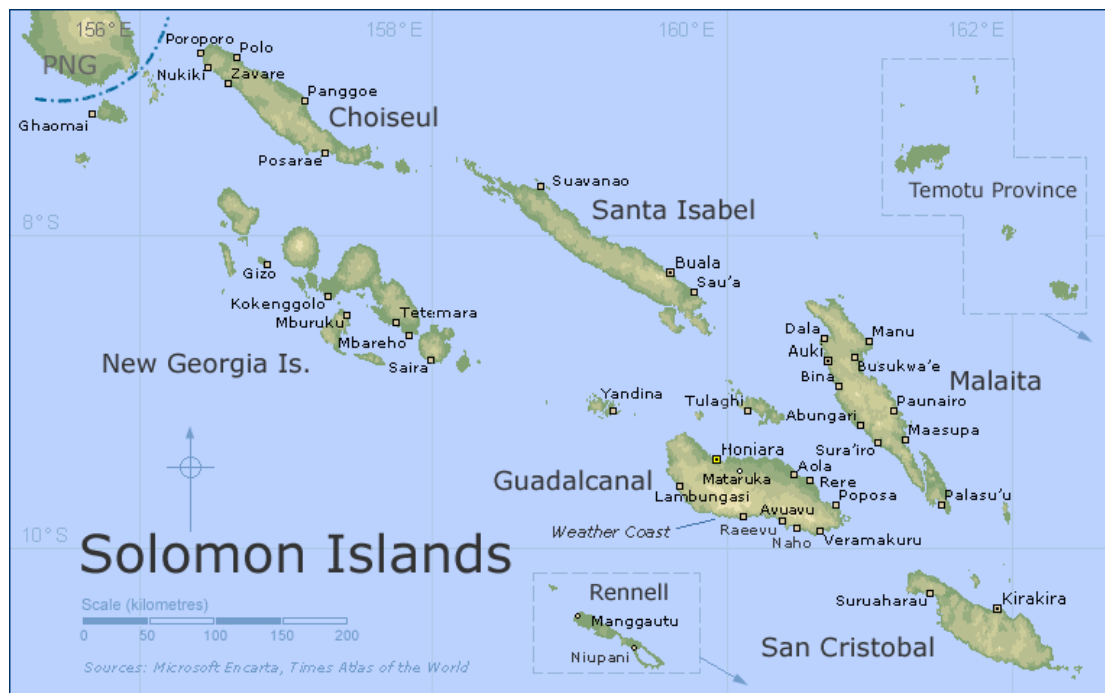
Section 6 assesses UNICEF Pacific's emergency response against OECD/DAC criteria: relevance and appropriateness; efficiency; effectiveness; impact; coverage; sustainability/connectedness; coherence; and includes important perspectives from beneficiaries interviewed as part of the evaluation.

Section 7 concludes the evaluation with a listing of 76 recommendations. These recommendations are intended to be constructive suggestions to provoke internal dialogue within UNICEF to identify ways to fine tune programmes and operations to produce a more effective emergency and initial recovery response from 2008 onwards, and in the case of a future emergency. They are uncoded and require further discussion within UNICEF.

## 2. BACKGROUND AND OVERVIEW

### 2.1. Country context

The small Pacific nation of Solomon Islands consists of an archipelago of volcanic islands and coral atolls adjacent to Papua New Guinea in the west and stretching over 1700 km towards Vanuatu in the east. The country encompasses a total area of 1.34 million km<sup>2</sup>. The population is estimated at 478 (2005 est.)<sup>9</sup> and is ethnically composed of Melanesian 94.5%, Polynesian 3%, Micronesian 1.2%, other 1.1%, unspecified 0.2% (1999 census).<sup>10</sup> There is small but economically significant population of Chinese and other resident expatriates.



The Solomon Islands has one of the lowest Gross National Income (GNI) per capita in the Pacific at US\$590.<sup>11</sup> Reliable statistics for literacy, numeracy and many other basic indicators for human development are not available but are considered to be among the lowest in the Pacific. Access to schooling beyond primary is limited by cost and transport. Access to health services for many communities is limited and the quality of service provision is constrained by the availability of trained medical professionals, essential drugs and effective cold-chain storage for vaccinations.

Strong island-based cultural identities and rivalries, uneven development, weak governance and inequitable access to power, resources and opportunities, contributed to a small but debilitating conflict between 1999 and 2003. Despite a substantial Australian-led police and military intervention in 2003 to stabilize law and order and rebuild the economy – the Regional Assistance Mission to Solomon Islands (RAMSI) – the political and economic situation is precarious. Most development is centred on the capital Honiara and the eight provinces of Solomon Islands have received little investment in infrastructure or services since Solomon Islands was granted independence from Britain in 1978.

### 2.2. United Nations in Solomon Islands

Solomon Islands is one of three priority countries for UN engagement in the Pacific and has benefited from an increased UN presence in the last five years. Three key UN agencies, UNDP, UNICEF and

<sup>9</sup> <http://www.unicef.org/infobycountry/solomonislands.html>

<sup>10</sup> <https://www.cia.gov/library/publications/the-world-factbook/geos/bp.html#People>

<sup>11</sup> Government of Solomon Islands and UNICEF (2005) Situation Analysis of Children and Women in Solomon Islands. Suva: UNICEF Pacific.

UNFPA have been engaged in an extensive consultation process with the Solomon Islands Government to develop a comprehensive UN Country Programme Action Plan for 2008-2012 in Solomon Islands. Through this plan and in partnership with relevant Government ministries, the three UN agencies will seek to address activities within the following four focus areas:

1. Equitable economic growth;
2. Democratic governance and human rights;
3. Equitable social and protection services;
4. Environment and natural resources management (including disaster preparedness).

The plan provides for USD11 million in development assistance through Regular Resources (core UN funding) and provides for a funding gap of USD21 million enabling agencies and the Solomon Islands Government to approach donors for additional funding.

#### **UNICEF presence in the Pacific**

UNICEF Pacific is based out of Suva, Fiji, where a multi-country office with responsibility for 14 countries throughout the Pacific is located. The multi-country office reports to head quarters in New York through the East Asia and Pacific Regional Office (EAPRO) in Bangkok. EAPRO has oversight of quality and performance monitoring of UNICEF Pacific programmes.

#### **UNICEF presence in Solomon Islands**

UNICEF Pacific established a permanent UNICEF Solomon Islands field office in Honiara in Solomon Islands in 2003. Prior to the earthquake and tsunami the office was staffed by three UNICEF staff and one volunteer. The Officer-in-Charge of the Honiara office, has been acting in the position since September 2006. A small sub-office staffed by one national officer was established in 2005 in Buala, Isabel Province, to manage the pilot Child Friendly schools programme. Prior to the earthquake and tsunami, UNICEF relations with government were almost exclusively focused at the central government. There was no previous interaction of relationship with provincial government in Choiseul or Western Provinces.

### **2.3. Development context in Western and Choiseul Provinces**

Village-based communities in Western and Choiseul Provinces of Solomon Islands, as in most areas of the country, are highly resilient and resourceful and in many cases better equipped to handle natural disasters than most urbanized populations. A strong sense of community and reciprocity is characteristic of most villages (though not immune from village politics) while skilled utilization of natural resources including fish, garden and forest foods and fibers, mean that most communities have effective subsistence coping mechanisms in the initial period after a disaster.

While the strengths of communities in both provinces are numerous, they are faced with substantial development challenges which pre-date the disaster and are common throughout Solomon Islands and the wider Pacific. Geographic remoteness and scattered settlement patterns mean the population is highly dispersed and for most practical purposes only accessible by sea, imposing severe constraints on effective delivery of basic services such as health and education. Communication in most communities is limited to HF radio.

Linguistic and cultural diversity, rapid population growth, limited opportunities for post-primary education and few employment opportunities increase the vulnerabilities of children and women. Both Western and Choiseul Provincial governments faced severe staffing shortages prior to the disaster. Health and educational services have been poorly resourced and maintained. Substantial health concerns include chronic under-nutrition of children under the age of five, high rates of malaria, and high incidence of preventable childhood diseases including anemia. Sanitation is poor in most communities and was substantially below SPHERE standards of 1 latrine per head of population even before the disaster. While most communities have good access to good quality drinking water supplies, some communities do not, providing vectors for disease and poor hygiene. Sexually Transmitted Disease (STD) prevalence is high in both provinces and HIV is a significant and growing risk. Child protection issues are also of considerable concern.

While both provinces are home to productive marine and forest ecosystems, utilization of these resources has not been well managed or equitably distributed. Economic opportunities are limited – particularly for more remote communities while the cost of living is high.

## Western Province

Western Province is one of the largest provinces in Solomon Islands and is a popular destination for tourists. Its population of 62,000 (1999) is one of the highest in Solomon Islands. As a popular tourist destination the small capital Gizo was relatively developed prior to the disaster but most other islands had very limited infrastructure or access to services. The Shortland Islands, which border Bougainville, are particularly remote and poorly serviced but there is great variability in access to services even for communities relatively close to Gizo.

Gizo became the centre of the local emergency response and coordination efforts with most agencies choosing to base themselves in the town due to the availability of accommodation, its central location to much of the disaster area and availability of basic services.

## Choiseul Province

Choiseul Province is one of the more remote provinces in Solomon Islands and is located in the far Western part of the Solomon Islands with close proximity to Bougainville of Papua New Guinea and Shortland Islands of Western Province. The population is estimated at more than 24,000 (2005). The majority of the population live along the coast, accessing schools, clinics and markets by walking, traditional canoes or open boats with outboard motors.

Provincial government is centred at Taro, on a small island located at northwest of Choiseul Island. As one of the most recently created provinces in Solomon Islands (until 1992 it was administered by Western Province), Choiseul has not had the same level of investment and infrastructure development as some older provinces. The provincial capital Taro has no mains electricity, limited communications ability, and the provincial administration has had difficulty in recruiting and retaining staff due to the limited and inadequate housing conditions as well as financial constraints.

## 2.4. Overview of the nature, scale and impact of the Solomon Islands 2007 Disaster

On Monday, 2<sup>nd</sup> April 2007, (7.40 am local time) Solomon Islands experienced a major earthquake measuring 8.1 on the Richter scale with an epicenter located under the sea bed, 45 km SSE of Gizo Island in Western Province.<sup>12</sup> The earthquake caused a tsunami, or in some areas a sea-surge, that within minutes devastated coastal villages in its path in Western Province and along the central southern coast of Choiseul Province. Measuring up to 3 meters in height and varying in intensity and behavior, the tsunami destroyed or severely damaged houses and other vital infrastructure such as schools and health clinics. According to official estimates by the Solomon Islands National Disaster Management Office (NDMO), a total of 52 people including 23 children were killed by the disaster while an estimated 36,500 people in 304 communities in Western and Choiseul Provinces were directly affected.

### ***Tsunami – a new word for an old event***

*The Japanese word, 'tsunami' meaning literally 'harbour wave' is a new word for most rural Solomon Islanders but oral history in some communities has preserved memories of similar events. Although no earthquake or tsunami of similar magnitude has occurred in living memory in the western Solomons, most communities knew to run to higher ground when the sea rushes out after a violent earthquake. A taxi driver from Iriqila on the island of Vella la Vella, now living in Gizo, explained that in his community the word 'Oja' had been used to describe tsunami-like events. "There is a big stone from the sea which the old people say was brought by Oja a long time ago now. You can go and ask people there to show you 'Oja vegae lado' [Tsunami brought rock]. They say it was maybe more than 100 years ago..."*

Many communities responded to the disaster by evacuating to higher ground and established temporary, or in some cases permanent shelters. Frequent aftershocks caused fear of another

<sup>12</sup> UNESCO 2007. Geologic Survey of the 2 April 2007 Solomon Islands Earthquake and Tsunami.

tsunami in many communities, preventing households from rebuilding at the site of the previous village and stalling recovery efforts. Most communities did not receive or were not convinced by information on the cause and likelihood of future tsunamis. The National Disaster Council (NDC), provincial governments, the UN, scientific organizations and NGOs have tried to convince communities to resettle on their original land where it is easier to fish, find water, build shelter and provide services such as education and medical services but fear, politics and the lack of clear and consistent information has prevented success in most cases.

An international geological survey expedition, sponsored by the US National Science Foundation, UNESCO and the Solomon Islands National Disaster Council, examined the effects of the tsunami and advised communities that a further tsunami is very unlikely. In some communities such as Puzavai Community High School this advice had a major and positive impact on the decision to reopen the school within two weeks of the tsunami. Prior to meeting with scientists from the survey team the school principal had planned to close the school permanently. Given information from a reliable source as opposed to rumour gave him the confidence to reopen the school. A key lesson in this story is that getting the credible information to the right people at the right time can enable them to make an informed choice about their options. Many communities have chosen to rebuild inland but land disputes and disruption to livelihoods make this a sub-optimal outcome.

On the island of Ranongga in Western Province, geological uplift associated with the earthquake caused large areas of the island to rise over 3 meters. Several massive landslides occurred simultaneously claiming 2 lives in the village of Mondo and burying water sources. One witness described that the quake as so strong, and resulting dust cloud so thick, that no man could stand or even see the person on the ground next to him. Geological studies have revealed that the original village at Mondo was located on the debris of an ancient and active landslide. The Mondo community has acted on advice of scientists from the Solomon Islands Department of Mines and Energy and the South Pacific Applied Geoscience Commission (SOPAC) that the site of their former village is no longer safe and has moved further inland to a safer site but one which is a considerable distance from the sea and source of livelihoods based on fishing.<sup>13</sup>

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<sup>13</sup> *ibid*

## 3. UNICEF'S RESPONSE

### 3.1. Guiding Principles and Frameworks for UNICEF's Response

UNICEF's mandate for responding to emergencies is guided by the principles of Convention on the Rights of the Child and the UN Convention on the Elimination of All Forms of Discrimination against Women. UNICEF's response in emergencies is driven by:

- UNICEF Core Commitments for Children in Emergencies
- SPHERE Minimum standards for Humanitarian Response
- Red Cross and NGO Code of Conduct.

This evaluation has been guided by the following frameworks:

- OECD/DAC Criteria for Evaluation of Humanitarian Assistance
- Action Learning Network and Accountability Project (ALNAP) Quality Proforma for the Evaluation of Humanitarian Action.
- UNICEF Guidelines for Evaluation.

### 3.2. Overview of UNICEF's Response

UNICEF Pacific's Senior Managers in Suva became aware of reports that a large earthquake followed by a tsunami had occurred in Western Province of Solomon Islands shortly after the event on Monday, April 2<sup>nd</sup> 2007. While initial information was scarce and it was reportedly 'very difficult to get a sense of the scale of the disaster', a decision was made immediately to deploy the Suva-based Emergency Focal Point (EFP) to Honiara to get first hand information to inform initial planning and decision-making. As it became increasingly clear that dozens of people had been killed and that several thousand people must have been affected, UNICEF Pacific put measures in place to enable a full-scale response.

#### **Meeting the Core Commitments and Learning from Previous Disasters**

UNICEF Pacific was closely guided in the design of its response by the CCCs. As further information on the scale of the disaster was gathered UNICEF Pacific prepared and released an immediate needs document seeking an initial US\$500,000 funding for a response (see section 5). UNICEF's response to this emergency was also informed by the lessons of recent evaluations of UNICEF's response to previous disasters – notably the December 2004 Indian Ocean Tsunami. A 'lessons-learned' evaluation of UNICEF's response in the Maldives – a context and scale considered broadly similar to the disaster in Solomon Islands – was examined closely by PAPE in Suva and the implications for UNICEF's response in Solomon Islands were drawn to the attention of UNICEF Pacific management and staff involved in the response.

By end of week 3 post-disaster, version 1 of the Solomon Islands Emergency Management Plan (EMP) was completed. The plan was results-based, attaching clear targets to UNICEF Pacific's emergency response strategies, and rights-based, ensuring that activities were closely aligned with the CCCs. Immediate priorities and needs were identified in health and nutrition water and sanitation, child protection, education, and HIV and AIDS.

#### **Establishing a UNICEF presence in the field**

*"One of the best things has been setting up an office right here where the problem is"*  
- Provincial government, Western Province

A temporary field office was established in Western Province in week 2 of the emergency. UNICEF currently operates from two rooms in Gizo Hotel – one for administrative and operational staff and the other for programme staff. UNICEF also maintains a small warehouse with approximate storage capacity of 700 m<sup>3</sup>. As at late November 2007, the sub-field office currently had a total of 11 staff including 4 expatriates and 7 National staff. This number fluctuated considerably during the emergency and will reduce in the coming 6 weeks as the 4 expatriate staff complete their contracts.

UNICEF did not establish a permanent presence in Choiseul Province. Emergency response activities in Choiseul been managed from the Gizo field office. A number of UNICEF staff and consultants have

undertaken assessments and monitoring visits in Choiseul and in October 2007, a national staff person was assigned temporarily to work for four weeks co-located with the Provincial Education Office. In general UNICEF's commitment to 'being where the problem is' (the only UN agency to make such a commitment) has been appreciated and effective but been centered on Gizo, limiting the agency's capacity to work as effectively in Choiseul as it has in Western Province.

### 3.3. Core Commitments for Education

Relevant Core Commitments for Children in Emergencies in Initial Response (usually 6- 8 weeks):

- *Set up temporary learning spaces with minimal infrastructure.*
- *Resume schooling by reopening schools and starting the reintegration of teachers and children by providing teaching and learning materials and organizing semi-structured recreational activities.*

Relevant Core Commitments for Children in Emergencies after the Initial Response (up to and beyond six months):

- *Re-establish and/or sustain Primary Education. Provide education and recreation kits and basic learning materials and teacher training.*
- *Promote the resumption of quality education activities in literacy, numeracy, and life skills issues such as HIV/AIDS, prevention of sexual exploitation and abuse, conflict resolution and hygiene.*
- *Establish community services around schools (such as water supply and sanitation), where appropriate.*

#### 3.3.1 Education context

The Solomon Islands education system is administered under the Education Act of 1978. The Act provides for the country's education system, decentralised to the nine provincial education authorities, the Honiara City Council and five private and church education administration authorities. The education arrangement in the Solomon Islands allows children to attend a school system which starts with an Early Childhood Education (ECE) programme that includes kindergarten schools/kindies. From kindies, the children attend prep-school before joining the more formal primary education programme. The age of children attending primary school ranges from 7-12 years. The secondary education programme consists of form 1-6 with children/youth in the age range of 13-18 years.

Prior to the disaster, the total number of students enrolled in Western and Choiseul Provinces, according to the 2006 data is 26,937. In the Western Province, there are 50 ECE Centres with a total enrolment of 1,977 students, 103 primary schools with a total enrolment of 19,453, and 26 secondary schools with a total enrolment of 6,550 students. There are also 6 Rural Training Centre scattered throughout the provinces' islands. The total number of teaching and management staff for the Western Province is 776.

In Choiseul Province, enrolment figures at the following institutions are: 50 ECE Centres with 709 students; 43 primary schools with 3,818 students; and 9 secondary schools with 2,381 students. There is only one Rural Training Centre in Choiseul Province. The total teaching staff and principals is 239.

The earthquake and tsunami and other associated disturbances like landslides and flooding, had an enormous impact on the communities directly hit by the disaster. The education system in the affected areas also suffered tremendously. The Ministry of Education and Human Resources Development (MEHRD) Emergency Assessment showed that at least 89% of the enrolled students within their assessment area were affected directly by the disaster.

According to an assessment by the Ministry of Education of the 179 schools assessed in Western and Choiseul Provinces, 11% were destroyed, 36% endured major damage, 32% suffered minor damage and 21% were relatively unaffected (Table 2).

**Table 2 – Summary of damage categories for schools assessed**

Damage Category	Number of schools	% of schools assessed	Student enrolment
1 – destroyed	20	11%	2406
2 – major damage	64	36%	9172
3 – minor damage	58	32%	6680
4 – no damage	37	21%	2312
<b>Total schools</b>	<b>179</b>	<b>100%</b>	<b>20,570</b>

Source: MEHRD Disaster Assessment 2007

School management, teaching staff and provincial authorities were also directly impacted. Having lost most, if not all of their possessions and belongings, most staff lived in Internally Displaced Persons (IDP) camps for several months, and some continue to do so.

### **3.3.2. UNICEF’S Education Response**

UNICEF assistance was largely based on MEHRD assessments and guided by the Task Force on Education in Emergency Situations. UNICEF has supported collaboration between MEHRD, the Ministry of Women, Youth and Children’s Affairs (MWYCA) and the Social Welfare Division (SWD) (in the Ministry of Health and Medical Services), Save the Children (SCA) and NZAID to establish safe play and learning areas.<sup>14</sup> The partnership between UNICEF and the MEHRD has been long established but the strength of that partnership was tested and cemented by the disaster.

The MEHRD and UNICEF began its first phase of emergency response in the education section within the first month of the disaster. As part of its response UNICEF engaged an education consultant and employed two education officers to provide technical assistance and support to the MEHRD. UNICEF also provided supplies including tarpaulins, and tents, school-in-a-box kits, recreation kits, other recreation supplies and school bags. UNICEF also funded the purchase of a boat and motor for Provincial Education Authorities (PEA) to use in Western and Choiseul Provinces. UNICEF was able to provide excellent support in the provision of funds (DSA, fuel, driver allowances etc.) to allow PEA to visit schools to make early assessments of needs and damages. This particular UNICEF support for primary school activities meant that funds provided by other donor partners could be effectively used for non-UNICEF related activities/travel.

UNICEF provided important contributions to facilitate the establishment of an Education Sector Working Group (ESWG) and enabling the ESWG to:

- Conduct an assessment on learning spaces and resources, involving staff from MWYCA and SWD;
- Create temporary spaces for play, recreation and learning; and
- Develop a child-centred recovery plan and back-to-school campaign.

#### ***Distribution of Education Supplies***

The distribution of initial education supplies happened relatively quickly but was hampered by lack of precise knowledge of the “true” scale of disaster. Instead of bulk supplies being sent on a plane from Copenhagen, trickles of it were purchased or acquired in piecemeal batches.

#### ***School-in-a-box and Kindy Kits***

School-in-a-box (SIB) kits, which contains a variety of teaching material as well as school books were also delivered within the emergency phase and continued to be distributed throughout recovery phase. The SIB kits contents were appropriate and very much appreciated by the teachers. It was reported in one community that a teacher is so appreciative of the SIB that he takes it home every night for safe keeping.

Kindy Kits capture children’s attention during a difficult period. Kindy school teachers were extremely grateful to have colourful building blocks and other items.

<sup>14</sup> UNICEF Solomon Islands Emergency Management Plan, Version 5. June 2007

The distribution of School in a Box (SIB), Kindy Kits, and Recreational kits (Rec kits) is to an acceptable standard. The Chief Education Officer (CEO) in Taro, however, had some questions as to why some kits went missing between Gizo and Taro. One trip had some of its contents re-directed to Shortlands without the consent or understanding of the Choiseul CEO. A couple of village-based teachers also raised some questions about the appropriateness of the SIB kits for more senior forms (as nobody was providing teaching material to them).

### **School Bags**

Distribution of school bags (21,000) in October, although very late, was an incentive to get children back to classes. It was successful in most villages. Due to the limited number of school bags allocated to each province, kindy kids were not allocated bags which caused a few tears.

### **Tents**

School Tents (75 in total) were also supposed to be part of the initial emergency response. However, due to the bulk of tents arrived almost 5 months after the disaster, it became a part of the recovery phase.

### **Coordination**

The delivery of the huge and heavy school tents could have become a nightmare but both the Western and Choiseul PEAs were involved in planning of the distribution logistics. Within two weeks of its arrival into Honiara, the 50 tents reached their final destinations without major problems. **The distribution of tents to schools in Choiseul Province now stands as a major accomplishment of which UNICEF can be justly proud.** There was effective utilisation of community good will to construct the tents must also be highlighted. Volunteer youths participated in the construction of tents in both Western and Choiseul Provinces. A small team of tent construction workers was initially taught by UNICEF Gizo Logistics officer in Gizo. This trained team was then sent out with delivery boats to Western Province schools and with the landing barge to Choiseul Province.

Both the Western and Choiseul Province Education Authorities (PEA) now enjoy a close partnership with UNICEF as well as with other partners. In the Western Province, the Education Partnership web can be described as a series of links between the Provincial Education Authority with UNICEF, Save The Children (Play Safe Areas), Oxfam (Health Promotion), World Vision (Water and Sanitation), the EU-Stabex/Task Force for Education in Emergency Situations – TEES (infrastructure rebuilding) as well as the Japan International Cooperation Agency – JICA (Informal youth programme). In Choiseul Province, the education web is a set of partnerships between the Choiseul Province Education Authority, UNICEF (emergency response), Save The Children, and the EU-Stabex/Task Force for Education in Emergency Situations – TEES (infrastructure rebuilding).

### **3.3.3. Summary of Education Key Achievements**

Although precise quantitative data on the numbers of children back in school were not available at the time of writing the evaluation report, UNICEF's support for the resumption of learning as soon as possible for school aged children undoubtedly enabled many schools to re-open classes as soon as tents or temporary classrooms are erected. By the six month mark, 75 school tents had been distributed to provide classrooms or dormitories in affected villages in both Choiseul and Western Provinces and 21,000 school bags had been handed out to students in schools in the affected areas, providing a strong incentive for students to return to school. All the education kits (180 school-in-the-box, Kindy Kits made from 1440 wooden toy sets, 182 Rec Kits) were also very useful to ensure that education was maintained.

*“Kindy students really enjoyed using the kindy kits. They loved the colourful building block and other toys which took their minds off the frightening experience”*

- quote from Chief Education Officer, Dalcy Sito

The most notable achievement for Choiseul Province has been with the distribution of educational supplies and tents. To date, this single sector achievement has played an important role in strengthening the partnership between the Provincial Authorities and UNICEF.

### **3.3.4. Constraints and Gaps in the Education Response**

The bulk of the education kits for Choiseul Province could have been distributed much earlier than in late (August) and could have been done more effectively. In one instance, UNICEF's Gizo-based logistics officer refused the advice of the Choiseul PEA on the logistical arrangements for SIB distribution to Choiseul Province. The Officer insisted on contracting one boat to transport all the SIB to Choiseul, requiring 4 separate return trips (between Gizo and Choiseul). The PEA had suggested a quicker and easier alternative which included securing 4 NDC boats (at a much cheaper cost) to take the SIB in one 5 hour journey. Such local advice is not only vital for efficiency of delivery, but also to maintain a good partnership arrangement. As a result of this incident, the relationship between Choiseul PEA and UNICEF Gizo was temporarily soured.

Although all PEA and teachers were highly appreciative of the school tents, some students and teachers questioned why the tents did not come with desk, since it is common knowledge that if the classroom is washed away, then all its contents would also be lost!

By far, the biggest problem for this sector was the length of time it took to get the school tents to Gizo. The total number of tents actually required was also problematic. For example, Western PEA said they have 18 primary and 6 secondary schools and only 25 tents. Most schools need more than one tent, thus the actual need is 35 tents.

Water and Sanitation is a key component in UNICEF's emergency assistance. Currently, most temporary schools or tents are built on areas which do not have any access to either running water or ablution block. Where possible, partner organisations have put up rain catchment tanks and dug pit latrines.

*"For Sanitation purposes however, the children prefer to use the mangrove as their toilet area. They have built a platform within the mangroves and are using that instead of a proper slab toilet here"*

- Puzivae CHS Principal

### **3.3.5. Lessons and Recommendations for the Education Response**

Effective partnership is built on good relationship, listening to local knowledge, understanding cultural sensitivity, and proven by having the right personality to deal with local politics and culture. The key lesson for UNICEF in education – and the only reason why it was such a success in Choiseul Province – is that the education consultant went and did a thorough assessment and then decided that an UNICEF Education officer should be based there. However, the Taro Education Officer has since been recalled to the Gizo office, leaving a vacuum once again. In order to maintain such partnership in the education sector, UNICEF must be prepared to be in Western and Choiseul Provinces for the long-term. The importance of building partnerships with all levels (from senior management as well as with junior staff) cannot be undermined by having a haphazard presence. A final point to having a successful relationship and programme is providing practical materials assistance to solve (office/people's) problems eg. providing computers and a generator set for an office.

### 3.4. Core Commitments for Health and Nutrition

#### 3.4.1. Health and Nutrition context

Relevant Core Commitments for Children in Emergencies in Initial Response (usually 6- 8 weeks):

- *Provide measles vaccination, vitamin A, essential drugs and nutritional supplements: vaccinate children between 6 months and 14 years of age against measles, providing vitamin A supplementation as required. Provide essential drugs, basic and emergency health kits, oral rehydration, fortified nutritional products and micronutrient supplements. Provide post-rape-care kits, including post-exposure prophylaxis for HIV, where appropriate. Provide other emergency supplies such as blankets, tarpaulins, etc.*
- *Provide child and maternal feeding and nutritional monitoring: with the World Food Programme (WFP) and NGO partners, support infant and young child feeding, therapeutic and supplementary feeding. Introduce nutritional monitoring and surveillance.*

Relevant Core Commitments for Children in Emergencies after the Initial Response (up to and beyond six months):

- *expand support to vaccination and preventive health services;*
- *support infant and young child feeding, including breastfeeding and complementary feeding and, when necessary, support therapeutic and supplementary feeding programmes;*
- *establish, improve and expand safe water and sanitation facilities and promote safe hygiene behaviour.*

The Ministry of Health and Medical Services (MHMS) is responsible for the administration and coordination of the provision of health services throughout Solomon Islands. Service provision is decentralised with Provincial Health services responsible for the day-to-day management of staff, resources and services. While the situation in the health sector has improved since the ethnic tensions (1999-2003), the national health system remains severely under resourced. This is reflected in the quality of services and health information available, poor infrastructure, inadequate supplies and equipment, and limited transport and communications capacity. It has also been difficult to recruit, train, accommodate and retain motivated staff due to limited resources.

Prior to the disaster, the Western Provincial health service consisted of 2 hospitals (Gizo and Helena Goldie), 29 Area Health Centers and Health Clinics, and 25 Aid Posts. Even prior to the April 2<sup>nd</sup> emergency, the service was severely stretched and under-funded with 2007's budget for delivery of health services through 56 health facilities throughout the Western Province just SI\$4.3 million (USD0.6 million).

The Choiseul Provincial health care system consists of 2 hospitals, at Sasamunga and Taro, 1 Area Health Centre, 9 Health Clinics, and 14 Aid Posts. Choiseul Province's 2007 budget of SI\$1.2 million (USD0.17 million) funds medical services throughout the province.

Major health problems include malaria, acute respiratory infections, diarrhoeal diseases, skin disorders, and non-communicable diseases. Under-nutrition represents a chronic problem in most Solomon Islands communities and diets frequently lack essential micronutrients and vitamins and rely heavily on starch such as rice and root vegetables.

The April 2 disaster had major impacts on the ability of basic health services to function in both provinces. Gizo (Western) and Sasamunga (Choiseul) main referral hospitals sustained major structural damage while Helena Goldie (Western) and Taro (Choiseul) hospitals had increased demand for services and supplies. Hospital staffs were among the most affected population. For example, 20 staff houses were destroyed at Gizo exacerbating a housing shortage that was already critical.

There was a substantial international response to health priorities in the immediate aftermath of the disaster. The Solomon Islands Red Cross, with support from the International Federation of Red Cross and Red Crescent Societies (IFRC) was active in both provinces and the French Red Cross has been active in Choiseul, and in particular at Sasamunga where they financed the rebuilding of the

laboratory, installed water tanks and built latrines. Six Australian medical teams attended to disaster victims in the affected areas, including the some of the most remote villages and islands.

A recent (October 2007) infrastructure assessment by the Government of Australia (AusAID) indicates that 54 health facilities or structures (eg. staff housing) across both provinces are in need of replacement or repair. Thirteen (13) new clinics are needed. Six (6) clinics require substantial repairs, six (6) some repairs, and 29 require minor repairs. AusAID is planning to spend USD18 million over three years to address the most urgent infrastructure priorities while JICA has commenced work on building a new hospital in Gizo, scheduled for completion in 2010. The EU, NZAID and AusAID Community Sector Programme have made a range of interventions to build or renovate health clinics and staff housing in both provinces.

### **3.4.2. UNICEF'S Health and Nutrition Response**

UNICEF Pacific mobilised emergency medical supplies and health expertise shortly after hearing news of the disaster. UNICEF Pacific's Chief of Integrated Childhood Health and Development (ICHHD) and Emergency Focal Point, was deployed from Suva on the day of the disaster arriving in Honiara on 3 April (Day 2). UNICEF's initial response was aimed at ensuring that the health and nutrition needs and special vulnerabilities of children and pregnant and lactating mothers in emergencies were recognised and prioritised according to the CCCs.

UNICEF Pacific had pre-positioned emergency medical kits with the capacity to supply hospitals serving a community of 10,000 people for 3 months with MHMS in Honiara prior to the disaster occurring. This preparedness initiative allowed 3 of these kits to be deployed within 14 days of the disaster to hospitals in the affected areas. One kit was sent to Gizo hospital, 1 to Sasamunga, and 1 kit was deployed to the Shortland Islands.

In partnership with MHMS, and in line with UNICEF CCCs, UNICEF provided technical assistance, funding and medical supplies to support measles immunisation and vitamin A supplementation targeting 95% of children aged 6 months to five years in affected areas. A proposal was prepared and decision to commence the campaign was taken within 1 week of the disaster, training of staff for the campaign commenced within 2 weeks of the disaster, and the team began the campaign within 3 weeks of the disaster.

A nutritionist was deployed to Gizo on 9 April (Day 7) to assess and coordinate a response to nutrition needs. The need for micronutrients was identified and a supply of multiple-micronutrient powder or 'Vitalita' was identified and flown from Indonesia. This was distributed during the first phase of a health promotion campaign. A very limited supply of multi-vitamins was mobilized from Vanuatu and distributed to 40 pregnant and lactating mothers in Ugele and Madali on Rendova Island before supplies were exhausted.

Oral Rehydration Salts (ORS) were sourced in the first 72 hours and provided to boost the MHMS stores for distribution to facilitate home-treatment of diarrhea. UNICEF also identified a further need for a comprehensive deworming, Vitalita, and Vitamin A campaign in affected areas of both provinces. Despite advocacy by UNICEF, this campaign has not yet materialised, in part because of delay in printing Family Health Cards (FHC) which MHMS had planned to disseminate during the campaign and, apparently, due the preference of provincial health counterparts to delay the campaign until early 2008.

Limited food distribution, mainly rice, was carried out by other stakeholders. It soon became apparent that there was not an acute need for widespread, long term supplementary feeding. Most communities were still able to source food from their gardens and the forest. It was, however, noted by UNICEF's Health and Nutrition consultants that there were chronic and unacceptably high levels of under-nutrition in some communities. A lack of available data initially made it difficult to establish how serious and widespread this concern was. Many health records were lost in the disaster and monitoring and surveillance prior to the disaster were limited.

UNICEF recruited a Health and Nutrition Monitoring Officer to support MHMS and provincial health services in the systematic collection, analysis and reporting of EPI and nutrition data. Records have been collected from clinics and verified against existing reports held at hospitals. These data were

analysed in October by UNICEF's Health and Nutrition Consultant. According to preliminary analysis between 14-17% of the under 5 population are underweight for their age.

### **3.4.3. Summary of Health and Nutrition Key Achievements**

UNICEF Pacific's achievements in health and nutrition have been substantial and significant results have been achieved in line with the CCCs and the EMP results matrix.

#### **First 6-8 weeks**

##### ***CCC: Vaccinate against measles***

- UNICEF support for measles immunization and Vitamin A in the initial response was timely and effective. Given the logistical challenges the campaign achieved excellent coverage (over 95%) in both provinces and provided a valuable opportunity to identify other acute illnesses. It helped ensure there was not a measles outbreak while the provision of Vitamin A is likely to address Vitamin A deficiencies and support children's immunity to other diseases.
- UNICEF's Vaccine Independence Initiative has ensured that UNICEF has rapid access to uninterrupted supply of low-cost inoculations should these be required.

##### ***CCC: Provision of essential drugs, health kits oral rehydration mix, fortified nutritional products and micronutrient supplements.***

- Pre-positioning of medical supplies in MHMS stores in Honiara was a commendable initiative which answered a specific need, saved time, money and potentially lives.
- Identification of ORS supplies in case of outbreak of diarrhea was a useful precautionary measure.
- The quick identification and purchase of supplies of multiple-micronutrient powder or 'Vitalita' was a useful initiative and may have been partially successful in addressing anemia and other nutrient deficiencies in communities where *both* adequate distribution *and* consumption occurred (note discussion below).

#### **Beyond Initial Response**

##### ***CCC: Provide essential drugs***

- UNICEF has progressed planning for a comprehensive campaign to do further distribution of Vitalita and Vitamin A to address anaemia and other micronutrient deficiencies among children in affected area (note discussion on Vitalita below).

##### ***CCC: Nutrition monitoring and surveillance reactivated***

- UNICEF's achievements with regard to reactivation of HIS nutrition monitoring through providing practical assistance (e.g. computer and software for provincial Primary health care units) have been excellent.
- Substantial efforts have been made to improve assessment and monitoring capacity of health staff in both provinces with demonstrated results.
- A further achievement has been UNICEF's identification and training of a health nutrition monitor. In the view of the evaluation team, the approach taken to developing this officer's existing capacities (e.g. providing training in computer use and data analysis) whilst 'on-the-job' represents 'best practice' in terms of staff development in emergency settings and has positive implications for the sustainability and coherence of UNICEF's interventions.

### **3.4.4. Constraints and Gaps in the Health and Nutrition Response**

Many of the so-called 'gaps' in UNICEF's emergency health and nutrition response represent issues that are a product of long term development challenges. It is not realistic that these could all be adequately addressed in either the initial response or early recovery efforts without substantially greater investments of staff and resources. These developmental challenges are not unique to the affected provinces nor due the disaster's impacts.

#### ***Measles Vaccination***

UNICEF's support for a comprehensive measles campaign was based on standard epidemiological practice and supported by WHO. The campaign's success is a significant achievement but was questioned by MHMS health staff interviewed by the team who noted:

*'In reproductive and child health why should we cover immunisation? We had campaign for measles, polio, hep B through Jan, Feb, Mar. Was it really necessary to give a second dose of measles. Things were not clear. We understood the focus on nutrition but why measles?'*

Or more simply:

*"I was thinking to myself 'Why a measles campaign after tsunami?'"*

The rationale and substantial investment of time, staff and resources in the campaign was also questioned by an expatriate Tropical Health specialist, particularly given the very recent campaign by the Provincial authorities. While, vaccination against measles is one of UNICEF's core commitments because outbreaks of measles pose a very serious risk in situations where large populations are gathered together into crowded IDP or similar camps, the context in Solomon Islands was rather more the reverse – small geographically isolated populations with limited movement between groups.

The campaign may have been justified as a precaution but its rationale appears not to have been well explained to local partners. Given the experience of these partners with regard to specific health risks in the Solomon Islands context, the high EPI coverage from the previous campaign and the suggestion that perhaps the vectors for transmission of measles were fairly limited, it seems worth re-examining this decision for future emergency response efforts.

At the provincial level in Western Province there was reportedly some resentment by local health staff that it was mainly staff from Honiara who were deployed on the immunization teams. While coverage during the campaign was reported at 109% (due to some of non-target population were immunized) and that 100% of the target population was reached, actual coverage appears to have been lower due to the dispersal of populations inland and possibly due to insufficient local knowledge of where communities were.

### **Medical supplies**

Based on the teams observations and interviews with health staff at Sasamunga Hospital, and supported by separate observations by UNICEF Health and Nutrition consultants in June and October UNICEF medical supplies in Sasamunga hospital have not been fully utilized. This may be due to limited capacity to manage medical supplies (a common problem in Solomon Islands) or simply an excess in supplies. Coordination of medical supplies is a common problem in many emergency responses and the provision of technical expertise to support MHMS or their equivalent is something UNICEF could consider for future emergencies.

### **Respiratory Infections and a case for distribution of blankets in emergencies in the Pacific**

Health surveillance data collected and analyzed by UNICEF and cross-checked with senior provincial health staff indicate that there has been little or no excess mortality associated with the disaster.<sup>15</sup> There have been only incidental cases of diarrhea and normal trends in malaria observed. The team notes that they received anecdotal evidence from several sources (MHMS in Honiara, Sasamunga Hospital staff, and UNICEF staff) that there has been an increase in deaths among the elderly due to pneumonia and other acute respiratory infections (ARI). Numerous communities reported 'flu' as a health problem they have experienced since the disaster. Possible causes of a slight increase in ARI include the relocation of communities to temporary shelters located further up hill away from the coast where it is cooler and windier at night.

If there is evidence of increased prevalence of ARIs then it may be appropriate to undertake a distribution of blankets to the affected population now, and to include blanket distribution as a standard protocol in future emergency responses where populations are displaced and where shock and stress are likely consequences of the disaster (ie. most of them).

### **Vitalita**

This evaluation supports the findings of the Omnibus survey and monthly reporting by UNICEF Health and Nutrition consultants suggesting that coverage of Vitalita distribution has been extremely variable and that consumption of Vitalita when available has been limited. Communities reported that the

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<sup>15</sup> Health and Nutrition Report.

amount received ranged from 3-months supply in Mandali on Rendova Island in Western Province to 3 days supply in Salakana, and none at all at Solowai villages in Choiseul Provinces. At least 7, and possibly 8 out of 8 communities visited by the team in Western Province received Vitalita at least once since the disaster (at Legana village on Simbo the men reported that limited distribution had occurred but women reported that no distribution had occurred). In 3 villages in Western Province and 1 village in Choiseul Province, there were reports that children refused to eat food they knew had Vitalita in or on it as they 'thought it was medicine' or 'were scared of it'.

While in a few villages parents actively encouraged their children to eat Vitalita, there was only one village (Salakana in Choiseul) where women and men interviewed separately confirmed that their 'children like Vitalita'. Where Vitalita was distributed it was frequently reported that insufficient explanation was given regarding its use and benefits. It is apparent based on the above, that substantial constraints stand in the way of UNICEF meeting its target of ensuring 100% of children aged 6 months to 5 years in affected areas are receiving recommended daily nutrition intakes.

### **3.5.5. Lessons and Recommendations for the Health and Nutrition Response**

#### ***Immediate***

- Continue to provide support to improved surveillance (EPI and EWARN) and use analysis from this to inform identification of both emergency and development priorities.
- Continue to support current health promotion activities and particularly the radio campaign implemented by the national health officer.
- Undertake baseline nutrition survey (this is already planned for 2008).
- Increase presence and improve effectiveness in Choiseul by positioning a National health officer at Taro.
- Investigate anecdotal reports of increase ARIs in Choiseul since the disaster.
- Consider distribution of blankets to the affected population in both Western and Choiseul Provinces (if MHMS, Provincial health authorities and health surveillance evidence suggest it necessary and appropriate).

#### ***Future emergencies***

- Consider distribution of blankets in the first 72 hours as a standard protocol in most emergencies in the Pacific and pre-position supplies accordingly.
- Re-examine CCCs to ensure they encourage interventions according to the greatest health risks in the Pacific.
- Carry out epidemiological research to assess the greatest risks in the individual context of the 14 UNICEF Pacific countries and inform disaster preparedness planning.
- Assess whether technical assistance is required to support MHMS in coordination, effective distribution and development of local capacity to cope with inundation of medical supplies that occurs in most emergencies.
- Learn from the effective example of on-the-job training approach demonstrated by Gizo office.

#### ***Food, supplementary feeding and nutrition***

Very early on in the emergency it was recognized that food or a lack of it was not a survival issue in this emergency and that food distribution or 'supplementary feeding' needs were minimal. The World Food Programme's team member in the UNDAC mission assessed the Solomon Islands Government had capacity to meet any necessary food shortages.

The NDMO Director offered additional insights into the Melanesian ways of coping with disasters:

- With the exception of a few disadvantaged communities, food relief should not be done.
- Most communities have their main food gardens up in the hills behind their villages. These gardens are not affected by the tsunamis. Even during cyclones remote communities will prepare by lopping off the tops of root vegetables and store food, water and coconuts so they have food for several weeks in advance.
- Food relief may actually discourage communities from gardening and slow down the recovery process and return to normalcy.
- During emergencies UNICEF should work with partners to ensure that emergency interventions support good nutrition practices.

- UNICEF emergency interventions such as distribution of nutritional supplements 'Vitalita' should include educational material on good natural sources of essential nutrients.
- Incentives or assistance should be aimed at encouraging communities to meet their own nutrition needs as soon as possible, eg. distribution of tools and seeds and working with or seeking advice from partners such as Kastom Garden and the Ministry of Agriculture.

### **Moana's Story**

Prior to the tsunami Moana had been retired after many years as a Registered Nurse and midwife. She joined UNICEF in August 2007 as a Health Promotion and Monitoring Officer.

*"I started with UNICEF on 13 August after 3 months with World Vision. I was in the market selling my wholemeal bun when the earthquake and tsunami struck. One doctor was buying buns from me when everything began to shake. We both held on to the poles just to stay upright. We agreed I would watch the sea while [the doctor] watched the electricity pole in case it fell on us. I saw the wave... and just yelled to everyone in the market just run to the hills! After the tsunami I saw World Vision first. I just came down to ask if there was any job to help for the emergency. I had experience in emergencies from PNG. I worked as a nurse in Bougainville during the conflict and in the Highlands, when there was trouble in Mt Hagen. After the tsunami I told my husband I'm going to help there will be a stack of people hurt. Some of the staff from the hospital were traumatised."*



Moana was very positive about UNICEF's achievements in health, education and WATSAN but quite frank about the constraints facing UNICEF staff in the field.

*"The biggest constraint we have is the supplies are late, slow. We promise to assist in an area and the communities are discouraged when we don't deliver. Communities hesitate to come and listen because others ahead of them have promised them and not delivered. Nothing has been done! They were not given those things they were promised! In health we do the distribution ourselves and the communities like that, to do a fair distribution. The others [some NGOs] don't do that. They just give to the chief or head man or pastor but it is not fairly distributed. People fight over things."*

*"It is also difficult to get monitoring reports from implementing partners."*

*"We do our own monitoring too. Assess drugs, clinics, effects of tsunami, EPI, Nutrition, Our findings from monitoring health clinic records show that from January to July especially children under 2 years are malnourished. They indicate that 14-16% of children are malnourished but this is only based on attendance figures! So we don't know for sure what is going on. We need a health and nutrition baseline survey."*

Moana was excited about the new skills and opportunities that working for UNICEF had provided. She had learnt to use a computer and was now a radio broadcaster.

*"Now I am doing a health promotion RADIO Program on SIBC. I'm excited because it is a new field for me. It's a new experience for me and I learn a lot of things. Everything I learn I share with the staff at the hospital – I share everything new concerning the health point of view. People sometimes don't like to share information but it is important to let people know."*

(The evaluation team acknowledges their gratitude to Moana for giving us permission to share her story and photo).

### 3.5. Core Commitments for Water, Sanitation and Hygiene

Relevant Core Commitments for Children in Emergencies in Initial Response (usually 6-8 weeks):

- *Ensure the availability of a minimum safe drinking water supply taking into account the privacy, dignity and security of women and girls.*

Relevant Core Commitments for Children in Emergencies after the Initial Response (up to and beyond six months):

- *Establish, improve and expand safe water and sanitation facilities and promote safe hygiene behaviour.*
- *Provide soap and disseminate key hygiene messages on the dangers of cholera and other water- and excreta-related diseases.*
- *Establish regular hygiene promotion activities*
- *Define UNICEF's ongoing involvement beyond the initial response.*

#### 3.5.1. Water, Sanitation and Hygiene context

Local conditions and practices with regard to water supply, sanitation and hygiene prior to the disaster in both Western and Choisuel Provinces are informed by cultural preferences including using the ocean as the principal means of sanitation. In this context it was quickly established by UNICEF and other actors in the WATSAN Sector that the attainment on SPHERE targets of 1 latrine per 20 head of population was not appropriate in the emergency response except where communities had moved a considerable distance inland.

#### 3.5.2. UNICEF'S Water, Sanitation and Hygiene Response

Two UNICEF emergency water and sanitation specialists arrived in Gizo on 10 April 2007 (day 8) to undertake an emergency needs assessment, implement emergency response activities where appropriate and develop a longer term response plan for UNICEF.

At UNICEF's initiative, a WATSAN coordination meeting was held on Day 4 following the disaster. In partnership with other NGOs and agencies including the Rural Water Supply and Sanitation (RWSS) division, UNICEF supported the achievement of WASH Core Commitment: Ensure the availability of a minimum safe drinking water supply ensuring the privacy, dignity and security of women and girls.

An immediate needs assessment revealed that sufficient water purification measures by other agencies were in place for meeting the WASH Core Commitment (Provide bleach, chlorine or water purification tablets) and WASH Core Commitment (Provide jerrycans, or an appropriate alternative etc.). A proposal for 2008 has been funded for materials and technical assistance to support the reconstruction and rehabilitation of water and sanitation facilities in the Western Province.

According to reporting from UNICEF water and sanitation consultants, there have been few issues with quantity of water supply as villages and camps are usually close to streams and springs. Water quality is generally good in most areas except for two locations with very high levels of total coliform bacteria.

#### 3.5.3. Summary of Water, Sanitation and Hygiene Achievements

- Within 8 weeks, alongside other partners, UNICEF ensured all IDP camps were at >50% of SPHERE standards for water supply as targeted.
- UNICEF rehabilitated the water storage and supply for Gizo hospital.
- In the WATSAN sector UNICEF was able to establish effective collaborative partnerships with NGOs.
- UNICEF worked closely with Oxfam and both organisations coordinated with RWSS.
- UNICEF assisted RWSS by providing technical advice, funding and material and logistic assistance upon request.
- UNICEF assisted communities providing a limited number of water tanks, water containers and water systems. Over 8000 collapsible water containers (10 litres size) were distributed.

- Through partners, distributed 33,800 bars of soap (at the time of this evaluation, 57,000 additional bars were ready for distribution as part of the Health Promotion and WASH activities).

### **3.5.4. Constraints and Gaps in the Water, Sanitation and Hygiene Response**

Despite the existence of a WATSAN coordination group, there was a lot of conflicting assessment data. Precise information on WATSAN requirements in schools took time to accumulate despite MEHRD assessments. While there is good capacity at the provincial level (more so in Western Province) to implement appropriate water supply and sanitation initiatives, the lack of basic WATSAN materials has significantly hampered progress.

### **3.5.5. Lessons and Recommendations for the Water, Sanitation and Hygiene Response**

- Given supply issues, UNICEF should focus on pre-positioning of water containers and soap. To support the promotion of hand washing behaviours, also pre-position supplies of buckets.
- Assess the immediate need for washing dishes, further soap and other non-food item (NFI) distribution amongst affected population and continue the focus on intensive and large-scale hygiene promotion.
- Continue to provide targeted support to and through RWSS. Linkage between WATSAN and the Education Sector must continue to be a high priority. Focus sanitation interventions on schools and clinics to ensure SPHERE standards achieved.
- Ensure appropriate latrines are built matching community preferences (pour flush).
- As WATSAN partners begin to withdraw from the affected areas, UNICEF must maintain a long-term presence to ensure the vital rehabilitation work continues.

## **3.6. Core Commitments for Child Protection**

### **3.6.1. Child Protection context**

Solomon Islands is a signatory to the Convention on the Rights of the Child (CRC) and has established a National Action Committee for Children to address CRC issues. It has also adopted the principles of the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Despite these initiatives at the time of the disaster, awareness and practice of child protection principles was minimal. The main government agencies focused on child protection and related issues are the Ministry of Women, Youth and Children (MWYCA), established in 2007, and the Social Welfare Division (SWD) of MHMS.

Prior to the disaster, UNICEF worked in partnership with the government and NGOs such as Save the Children Australia (SCA) and World Vision to protect and promote children's rights in Solomon Islands.

### **3.6.2. UNICEF'S Child Protection Response**

UNICEF carries out Child Protection activities under 8 CCCs. Of these 8, only 2 are directly relevant to the situation in Solomon Islands. These are:

- Prevent sexual abuse and exploitation of children and women.
- Support the establishment of safe environment for children and women, including child-friendly spaces, and integrate psychosocial support in education and protection responses

In carrying out these CCCs, UNICEF has made 5 main contributions as part of the emergency response. These were to:

- Rapidly assess and report on the situation of women and children.
- Advocate on issues related to child survival, protection and recovery.
- Support the Coordination Action Group (CAG) and Working Group.
- Establish Safe Play Areas in partnership with SCA and World Vision.
- Support SWD's Community Welfare Volunteer programme.

### 3.6.3. Summary of Child Protection Key Achievements

#### **Support for CAG and Working Group**

UNICEF supported the Gizo-based Coordination Action Group (CAG), chaired by the Social Welfare Department, and consisting of provincial government representatives, International (Humanitarian) NGOs as well as representatives of the national Disaster Council Office. The CAG was set up in late April 2007 with the aim to keep each other updated on common interest issues as well as providing collective support where necessary.

The impact of the CAG has been good. Through the other NGO partners, reports on feeling “unsafe” within camps were reported to the SWD through the CAG meetings. Soon after the disaster, young girls (on Gizo island) reported feeling very insecure sleeping in open spaces in tent (no walls). These girls were particularly afraid when drunkards shout and cause unnecessary noise and disturbance. The SWD was able to direct this matter to the Police which resulted in more night patrols. This is an excellent accomplishment in terms of ensuring government ownership of advancing protection issues.

Other concerns were also raised through the CAG. Women in IDP camps on Gizo Island drew attention to a lack privacy to bathe. NGOs have begun to address these concerns by building simple structures to provide more privacy.

UNICEF’s Education and Child Protection programmes continue to support a collaborative effort between the Ministry of Education and Human Resource Development (MEHRD), the Ministry of Women, Youth and Children’s Affairs (MWYCA) and the Social Welfare Division (SWD) (in the Ministry of Health and Medical Services), Save the Children (SCA) and NZAID to establish safe play and learning areas. These partner organisations appreciate UNICEF’s guidance and financial assistance to carry out the field activities.

#### **Establish Safe Play Areas (SPA)/Child Friendly Spaces (CFS)**

Another core response of UNICEF’s child protection programme was to support the establishment of Safe Play Areas (SPA) or Child Friendly Spaces (CFS) for affected communities. These areas were set up to promote a sense of security and allow children to forget the recent earthquake and tsunami experiences.

With UNICEF support including the provision of funds and recreation kits, Save the Children Fund Australia and World Vision of Solomon Islands took the lead in establishing these SPA/CFS and went on to train youths to supervise children. **By early May, 70 child-friendly spaces in Western and 15 in Choiseul communities had been established, bringing benefits to some 8,500 children.** The establishment of SPA was seen by those communities who participated in the programme as appropriate and relevant in terms of an emergency response. In most cases communities with a SPA really appreciated the initiative and felt they really helped children to normalise again. Strong pre-disaster partnerships with World Vision and Save the Children Fund Australia enabled rapid mobilisation of SPAs.

#### **Support CWV programme**

The Community Welfare Volunteers programme is a new concept that the Social Welfare Division was looking to implement in provinces across Solomon Islands. The disaster provided an opportunity to fast track the implementation of this initiative and with assistance from UNICEF and NGOs, implementation began in early May with a training workshop for Western Province participants. A training workshop for Choiseul CWVs occurred in late May.

Selected from their own community, CWVs aim to assist communities build on existing strengths to ensure the protection of the most vulnerable, in particular children. They have been trained in welfare and child protection which further expands the network of protection and support the Government of Solomon Islands has created for its children.

To support this concept, UNICEF’s assistance included:

- Engagement of one child protection officer and two education officers (one in Gizo, one in Choiseul) to provide technical assistance.
- Provision of supplies, including recreation kits, other recreation supplies and shelter for safe places.

- Support for travel and other costs of government counterparts in Gizo (SWD and MWYCA).

By the end of May, as a result of the joint initiative between UNICEF and the SWD, 62 Community Welfare Volunteers were trained and actively working in affected communities in both provinces. Out of these numbers, 60% of the trained CWVs actually produced community protection plans. UNICEF's good partnership with government, especially with the Social Welfare Division means that the Division's presence in communities is being felt through the Community Welfare Volunteers.

### **Recreation Kits**

UNICEF also provided recreational kits to most communities with an SPA. The evaluation team found out that both the children and CWVs were very appreciative of the kits. However, there were one or two instances where the appropriateness of certain items in the kits was questioned. This was mainly related to cricket sets, rugby balls and frisbies, which are unfamiliar sporting equipment in Solomon Islands. It is recommended that in future more care be taken when requesting recreational toys for rural communities in Melanesian countries from companies and UNICEF National Committees.

### **Training and Capacity Development**

Overall, the training of youth to be volunteer supervisors was good. The initiative gave young people a chance to participate in the emergency response and to be involved in a leadership role. However, as the maximum duration of SPA is 3 months, there is a need to find a role to continue the use of these trained youth volunteers.

## **3.6.4. Constraints and Gaps in the Child Protection Response**

### **Volunteer staff and human resources**

The evaluation team heard some reports that after the CWV were trained in Taro, Choiseul, they did not do anything upon returning to the village.

*“Our community volunteers went to attend training in Taro but when they returned to the village, they did nothing.”*

Reporting mechanisms and monitoring of their activities should be improved if the volunteer system is to remain effective in the recovery phase. Continuous support must be maintained with partners.

In some instances, there was a lack of linking trained youths to existing teaching staff from the village. As a result, some teachers felt undermined and left out. Some teachers also felt that they should be given a chance to be involved at the start because not only are they being paid to do “children supervisory work” (=teaching) but also they know the children better. A bit more participatory planning in the beginning would have minimised this issue.

The Provincial Education Authorities was initially not involved in the establishment of the CWV and SPA systems but it was soon realized that they are a key partner to their sustainability. The PEA is now working to support both systems to help communities commence some form of education and routine to get schools started again as soon as possible. While the importance of SPAs to the recovery of children has been significant and widely appreciated, the introduction of the SPAs appear in some cases to have postponed the recommencement of formal schooling. Further investigation into the impact of SPAs on the recommencement of formal schooling is recommended.

Another oversight in the establishment of SPA was in communities and villages without schools. Therefore where villages do not have education facilities (including Kindies), no SPA were established leading to further sidelining of already marginalised communities.

Provision of support, especially financial, by UNICEF's implementing partners to volunteer staff have not always been as transparent as they could be. Some youth volunteers complained that there have not been proper explanations or paper work of what allowances they are entitled to. Very often, there were delays in getting allowances. This is not directly UNICEF's responsibility but is an issue UNICEF should monitor and raise with appropriate partners

### **Support for parents**

Communities with SPAs were very positive about their role in assisting children start to play as normal again. Providing a safe environment for them earlier on was thought to help alleviate some of the effects. However, parents interviewed raised their concerns that not enough attention was given to the parents especially mothers to help them recover. The evaluation team heard from parents that their own anxiety, trauma and fear of another tsunami or similar event were often transferred to their children. In some villages children would be ready to swim in the sea but their parents would be too afraid to let them. Children displayed serious psychological symptoms from the earthquake and tsunami experience including “sleeping badly” (nightmares), waking up easily, being very anxious, not playing, being shocked by loud noise and talking in their sleep. In fact, all these behaviours were also associated with the parents. This suggests that there is a need to provide some form of support to parents so that they can overcome their own fear first in order to look after the children effectively.

### **3.6.5. Lessons and Recommendations for the Child Protection Response**

- Ensure parents, especially mothers, are included within the auspices of SPA. Parents reported that although their children may have forgotten their fears through the SPA, they themselves still harbour fears which get passed back to the children, thus delaying their recovery. Parents should be encouraged to attend SPA programmes wherever possible.
- Workshops should be conducted to encourage and assist parents in parental care after any disaster. This was particularly an issue when parents are traumatised to the extent of not being able to cope or look after their family.
- Ensure that there should be total SPA coverage of all areas. Actual site assessments should be done to verify PEA data on school locations to ensure that communities without schools also have SPA established.
- SPAs need to involve teachers first as they have a closer connection to children than youth volunteers. The youth volunteers can support and assist teachers.
- Investigate the impact of SPAs on the recommencement of formal schooling.
- There should be a monitoring and reporting system in place so that communities can report back to the provincial office on what has been received or what volunteers have been doing. This would greatly assist the currently confusion over the effectiveness of the volunteers.
- Information on disaster prevention and response should be mainstreamed into the national school curriculum. Explanations in simple language or pictures will help to ease fears and help families (through their children) to deal with another earthquake or tsunami.

### **3.7. Core Commitments for HIV and AIDS**

Relevant Core Commitments for Children in Emergencies after the Initial Response (up to and beyond six months):

- *Provide essential supplies such as HIV rapid test kits, rapid syphilis test kits, post-rape care kits, including post-exposure prophylaxis for HIV, where necessary, to health care centres*
- *Provide training to health care staff on VCCT, post care rape, PEP and Psychosocial Counseling*
- *Support the establishment of essential health care services including integrated PMTCT and VCCT outreach services*
- *Mobilize young people on HIV prevention, including messages on ABC, stigma and discrimination.*

#### **3.7.1. HIV and AIDS context**

The importance of including consideration of HIV issues when designing emergency response is widely recognised and reflected in both the Interagency Standing Committee (IASC) ‘Guidelines for HIV interventions in emergencies’ and UNICEF’s Core Commitments for Children in Emergencies.

Solomon Islands’ close cultural, political, economic and educational ties with and geographic proximity to Papua New Guinea, where HIV has reached epidemic proportions, demand extra vigilance regarding HIV issues in Solomon Islands. This is particularly relevant to the two provinces most directly affected by the April 2 disaster. Choiseul Province and the Shortland Islands of Western

Province are short journeys from Bougainville and substantial cross-border traffic in people and goods provide a vector for entry of HIV into Solomon Islands. Both Western and Choiseul Provinces exhibit many other risk factors for HIV such as high levels of Sexually Transmitted Infections (STIs), unwanted teenage pregnancy, a significant but undisclosed sex industry, particularly associated with numerous logging camps located close to villages. Awareness and commitment to safe sex practices is reportedly low, and condom use varies according to availability, individual and cultural preferences.

The most immediate impact of the April 2 disaster on HIV was the destruction of laboratories with the capacity to support Voluntary Confidential Counselling and Testing (VCCT) in Sasamunga and Gizo hospitals. Secondary effects include the increased potential for transmission of the virus as a consequence of the population dislocation and upheaval that occurred following the disaster. Vulnerability to infection from rape or unsafe sexual practices may have increased due to less secure living conditions, reduced social control, increased poverty and interruption to health services.

### **3.7.2. UNICEF'S HIV and AIDS Response**

UNICEF took HIV into account early in the emergency, incorporating HIV-specific objectives into the Emergency Management Plan by week 3 of the emergency. The CCC requirement is to ensure HIV is clearly identified and considered as part of the initial response within the first 72 hours. There was some delay before HIV was recognised as an important issue.

Reporting from the UNICEF Health and Nutrition consultant in June 2007 notes that an initial 6 week health promotion programme to affected areas was completed by June 1<sup>st</sup> 2007. This programme involved 2 teams of 4 health promotion workers from MHMS and World Vision supported by UNICEF. The communication material "Save and Protect" (adapted to local language), soap, Vitalita, water containers, and condoms were distributed to beneficiaries in affected areas. Condoms were also included in Reproductive Health kits distributed by UNFPA.<sup>16</sup>

Further reporting identifies that a number of subsequent initiatives including ongoing Radio messages have been used to disseminate HIV prevention messages to youth and adults. Monitoring of HIV awareness through means of an Omnibus Survey was carried out 10 weeks after the April 2 disaster. The results of the survey indicated that HIV awareness was relatively high but that there was also a high level of stigma associated with the disease. The survey noted that the high levels of HIV awareness could not be directly attributed to UNICEF's emergency work.

### **3.7.3. Summary of HIV and AIDS Key Achievements**

UNICEF's overall response with regard to HIV appears to have been relevant and appropriate in the context of the emergency. In comparison to other emergency prone regions of the world, there is not known to be a large HIV positive population in Solomon Islands (10 positive cases identified to date) but anecdotal evidence points to many undisclosed cases in Western and Choiseul Provinces. Choiseul Province has a high prevalence rate of Syphilis in pregnant women and other STIs which are proxies to HIV infection (based on STI/HIV second generation surveillance 2004). Appropriate steps identified in the checklist for HIV in UNICEF emergency field handbook appear to have been considered such as the identification of appropriate partners to communicate HIV messages.

At the 10 week mark, together with UNAIDS, a senior HIV in Emergencies specialist from UNICEF NYHQ provided HIV and emergencies training to UN staff, senior government staff and partners in Honiara, Gizo, and Suva, and assessed the post-disaster situation (Gizo, Taro and Sasamunga) and made a series of recommendations for mainstreaming additional HIV and AIDS interventions into the recovery response. For example, Post-exposure prophylaxis (PEP) kits were identified as being a required element of UNICEF's response. Unfortunately UNICEF did not carry its own supplies and relied on UNFPA to identify the kits. In the event there have been no reports of kits being used although anecdotal reports of possible rapes having occurred were noted by a joint UNICEF/UNAIDS mission report in July.

Several UNICEF staff queried the 'appropriateness' of including condoms in UNICEF hospital medical supply kits. It is clear from the evaluation team's discussion with the STD/HIV coordinator in Taro that

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<sup>16</sup> Personal communication from HIV team, Suva.

these would be utilised and distributed if they reach the appropriate reproductive health or HIV contact point within relevant health administrations.

#### **3.7.4. Constraints and Gaps in the HIV and AIDS Response**

Including HIV/AIDS 'awareness raising' in a Health Promotion campaign also charged with the distribution of packets of Vitalita nutritional supplements, plastic water containers, soap and the delivery of other health and hygiene messages was efficient but not necessarily effective. Interviews with communities revealed that in many cases health promotion and HIV awareness raising was not undertaken during distribution as was intended or was rushed. Women were more likely to report that HIV awareness-raising activities had occurred, suggesting that men were often not included. Given the cultural sensitivities that surround sexual practices in Solomon Islands, as elsewhere, it seems very unlikely that effective results could be anticipated from this approach.

Authors of the Omnibus survey conducted by UNICEF in June/July note that more than 75% of the young people interviewed as part of the survey had heard of HIV/AIDS but also note that it is difficult to ascribe this to the limited number of face-to-face awareness raising meetings held with youth by peer-to-peer educators, or to radio bulletins broadcast after April 2<sup>nd</sup>.

Coverage of HIV awareness activities appears to have been patchy. Most communities were not aware of UNICEF or any other group coming to their village to undertake HIV/AIDS awareness. The exception was on Gizo Island where there had been HIV awareness raising activities carried out by several groups including UNICEF. The increasing use of radio broadcast seems likely to be a positive and cost-effective means of reaching communities and should be continued.

In the view of the evaluation team, the two most significant steps that UNICEF could take to ensure improved coverage of HIV awareness and advocacy would be open:

- open a medium term or permanent office in Taro
- ensure that the Honiara-based HIV officer is given opportunity to travel extensively to priority areas in Solomon Islands (particularly Gizo, Shortland Islands and Choiseul).

Based on the team's observations, interviews with health workers and reporting by UNICEF Health and Nutrition Consultants, health workers have a basic awareness of the risk of HIV but limited knowledge about infection control strategies and practices. Staff at Taro hospital reported that it was over five years since hospital staff had received training in infection control. The hospital has a STI/HIV coordinator who has been unable to conduct awareness activities for the last 3 months due to staff shortages. She reported that while youth now came freely to her clinic to request condoms she rarely had them in stock. She also offered that it would be good to have leaflets to hand out to youth seeking advice on prevention strategies. No posters or other visual material regarding HIV were displayed among the numerous other posters on reproductive health and family planning. Several confidential sources have confirmed to the evaluation team that there is an active sex-trade around logging camps in Choiseul Province involving girls between thirteen and sixteen years of age.

Interviews with health care workers in affected areas of Choiseul including Ngarione clinic and Sasamunga hospital indicate there was basic awareness of the importance of safe disposal of medical waste such as sharps but that when sharps containers were full they "keep them in the wards because we don't know what to do with them." UNICEF's Taro-based officer reported that the week prior to the team's visit she had seen a large quantity of syringes and other medical waste dumped outside Konamara clinic beside a track leading to Konamara school. These examples indicate that even where 'awareness raising' takes place, unless systematic support is provided to introduce safe practices then unsafe practices will continue.

The limited presence of UNICEF health staff and HIV staff on the ground in Choiseul Province is a key constraint to effective HIV interventions in this province. While Gizo-based Health and Nutrition consultants have made visits to Choiseul there has not been the benefit of the on-the-ground relationship between UNICEF's health team and provincial counterparts that has been particularly fruitful in the education sector.

### **3.7.5. Lessons and Recommendations for the HIV and AIDS Response**

HIV was incorporated in UNICEF's response to the emergency in Western and Choiseul Provinces but could have been further advanced if there had been a UNICEF officer with appropriate emergency management training tasked specifically to ensure that progress was maintained towards meeting the HIV CCCs. The progression of HIV issues in the emergency response appears to be somewhat ad hoc and has been mainly advanced through incorporation of HIV awareness messages into health promotion campaigns. HIV awareness activities appear to have been most successful in communities on Gizo where accessibility has made HIV specific awareness raising interventions practicable. It has been least successful in Choiseul Province where logistical issues and lack of presence limited UNICEF's influence.

The line between 'emergency' and 'development' is particularly blurred with regard to HIV interventions. While there is more to be done with regard to HIV in Western and Choiseul Provinces, it is the evaluation team's view that it is unrealistic to expect that this could be achieved during emergency response. It is also noted that the lack of initiatives to advance HIV prevention in Choiseul Province pre-dated the emergency.

#### ***Immediate***

- Provide immediate and sustained material and technical support to frontline service providers such as Taro, Sasamunga and Gizo hospitals and clinics, including, as necessary, equipment, in-situ training, educational materials and supplies (leaflets, posters,).
- Ensure that the Honiara-based HIV officer is given opportunity to travel extensively to priority areas in Solomon Islands (particularly Gizo, Shortland Islands and Choiseul).

#### ***Medium***

- In partnership with national and provincial health authorities carry out a thorough risk analysis and baseline survey of HIV incidence and attitudes in Solomon Islands focusing on high risk and vulnerable communities in Western and Choiseul Provinces.
- Establish a medium term presence in Choiseul Province staffed by 2-3 UNICEF officers (1 team leader, 1 health officer (trained in HIV prevention), 1 education) and build HIV prevention into the key rationale for maintaining that sub-office.

#### ***Future emergencies***

- Ensure that UNICEF Pacific's HIV and AIDS Programme is tasked to assess and identify HIV issues and appropriate measures for response at the onset of a declared emergency.
- Ensure that within the early part of the initial response an HIV officer is deployed to identify key contact points and develop an appropriate strategy for ensuring HIV messages have the desired impact.
- Clarify who is responsible in the field for progressing HIV issues in emergencies and establish clear lines of communication between the field and technical expertise in the multi-county office in Suva.

## **4. GENERAL PROGRAMME ISSUES**

### **4.1. UNICEF Pacific Emergency Preparedness and Response**

UNICEF Pacific has made significant efforts to improve its emergency preparedness over recent years. A UNICEF Pacific Regional Emergency Preparedness and Response Plan were prepared in 2006 and included a range of scenarios. In the event of a real emergency, however, the plan did not provide useful guidance. Nevertheless, other initiatives such as pre-positioning of medical emergency kits were of great benefit. UNICEF in Suva and Honiara had no institutional experience in emergency response and staff and systems were insufficiently prepared for the challenges of an emergency. Lack of experience or training in logistics led to serious gaps in managing the efficient and timely movement of goods.

#### **Achievements**

- UNICEF had an Emergency Focal Point and was able to deploy him immediately.
- Pre-positioned medical supplies were able to quickly be deployed to where they might be useful.

#### **Lessons Learned**

- UNICEF Pacific staff need more training in emergency response and management.
- UNICEF Pacific partners need more training in emergency response.

#### **Recommendations**

- Ensure UNICEF Pacific staff receive more detailed training in emergency response and management (and receive regular refresher training).
- In coordination with other regional agencies, develop a longer-term emergency response and management capacity building programme for national partners especially in Pacific Island Countries at high risk of natural disasters.
- Pre-position increased quantities of medical emergency kits, school-in-a-box kits, Kindy Kits, Recreation Kits, tents, safety equipment, buckets, blankets, and office set-up kits within the region.
- Establish emergency supply agreements for key items in advance. In this connection, UNICEF Pacific with support from UNICEF Supply Division (Copenhagen, Denmark) and UNICEF Regional Office (Bangkok, Thailand) should set up procurement agreements with supply centres in Australia and New Zealand. This will ensure a rapid turnout time for emergency supply.
- Map shipping routes and pre-identify preferred transport options for various emergency scenarios.
- Develop common standards and approaches with NGOs and other assistance providers that ensure beneficiaries are adequately consulted and informed on which emergency assistance providers are helping them and what their entitlements are.
- Monitor the performance of implementing partners to ensure that results of interventions meet UNICEF's desired targets and international standards.

## **4.2. Partnership**

### **4.2.1. UNICEF relations with Solomon Islands Government**

Prior to the April 2<sup>nd</sup> emergency UNICEF Honiara had engaged closely at senior levels with the Ministry of Health and Medical Services (MHMS), Ministry of Education and Human Resources Development (MEHRD), the Ministry of Women, Youth and Children's Affairs (MWYCA) and the Ministry of Home Affairs (MHA), including the National Disaster Management Office (NDMO). The establishment of cooperative working relationships with these key counterparts proved critical in the immediate response to the emergency. The evaluation team interviewed a number of senior SIG officers in key ministries in the course of assessing UNICEF's emergency response. As a consequence of substantial investments in relationship building through the process of consultation leading to development of the 'Pacific Plan' and as a result of the respectful approach of UNICEF to ensure the plan reflected government priorities a strong rapport has been developed with MHMS (including SWD), MHA (including NDMO), MWYCA and MEHRD. There was substantial praise for UNICEF's approach.

*“UNICEF were the first to break the traditional way of doing things where donors come to the country and decide what they want to do! Their regional framework reflects government policies...”*

- Senior SIG Official

*“Incorporating government policies into clever programs will mean sustainability and ownership by government when the program is completed”*

- Senior SIG Official

#### **4.2.2. Internal and external relationships**

The crisis has not only has massive impacts on the lives of those who are among the affected population in Choiseul and Western Provinces but has placed intense pressure on UNICEF’s external and internal relationships with both positive and negative implications. Senior officials in key line ministries within Solomon Islands government emphasized that under the intense pressure of the crisis their relationship with UNICEF only became stronger.

*“UNICEF helped SWD realise their own potential! The relationship goes back a long way but the tsunami made it a lot more intense”.* - SIG

UNICEF’s leadership and facilitative roles in key sectoral working groups is well documented in meeting minutes and was affirmed by both governments and non-government implementing partners. Importantly, however the facilitative and participating model of leadership and engagement has been matched by an ability to support government to get things done. UNICEF has used the ‘Cash Assistance to Government’ modality to provide practical assistance to government quickly. UNICEF was able to recognize and act quickly to resolve operational constraints inhibiting government’s response, providing transport, lifejackets, fuel, and per diems, often in a short space of time. Government partners appreciated UNICEF’s flexibility, responsiveness and approach.

*“It is easier to work with UNICEF – perhaps because of vast experience. But they didn’t impose ideas. I don’t like to be told what to do. I’ll reject some foreign idea if not suitable. Instead of forcing, UNICEF listened”.* - SIG

But this was not always the perception. In the first 6-8 weeks of the emergency UNICEF was also prone to the tendency of both central government, donors, and other agencies to ‘fly in the experts’ in order to tell provincial governments what they should do:

*“The first person from UNICEF didn’t help much compared with [name withheld]. She was way up here. She had her own ideas. So she and I clashed a bit.”*

In an interview with the evaluation team, UNICEF’s most recent education consultant emphasized what works:

*‘Don’t expect government to fit into your framework, fit your plans into their framework’*

*‘Relationships are key!’*

#### **4.2.3. Internal relationships**

While UNICEF has excelled at building strong relationships with external stakeholders, internal relationships between different programmes and different offices within UNICEF Pacific have at times been strained. This is most evident in the dynamic between the Gizo sub-field office and Suva multi-country office. To an extent these tensions are probably unavoidable and represent the age-old divide between the head office and the field, or between programme areas and operations. Factors contributing to this will be discussed further in the section on management and operations.

#### **4.2.4. Non government partnerships**

UNICEF worked closely with a number of non-government organizations with shared priorities. In the area of Child Protection, for example, UNICEF cooperated closely with Save the Children and World Vision. In Water and Sanitation (WATSAN), UNICEF worked closely with Oxfam, World Vision and Caritas.

#### 4.2.5. Lessons learned

- Cash Assistance to Government has proven to be an effective modality for advancing shared goals of Solomon Islands Government and UNICEF.
- UNICEF's commitment to 'being there' was appreciated and has been far more effective than the practice of 'having a remote operations base' of several other agencies.
- It is important to be cautious of exaggerating the impact of disaster on affected populations or assumption they cannot immediately or soon resume normal duties and roles. If they don't or can't resume normal duties, assess what can be done to support them before bringing external staff in to replace them. Teachers were still receiving salary after the disaster but according to some informants some teachers felt their role and status was undermined by the youth implementing the Safe Play Areas.
- UNICEF and other providers of external assistance need to identify strategies to get essential local staff (health and education) back to work, involved in assessments and leading the response as soon as possible (issues around child care, housing, proper food).
- It is also essential to ensure that local knowledge and expertise is not sidelined by the fanfare of 'disaster specialists'. External experts are next to useless if they don't acknowledge and seek out local knowledge.
- While difficult – it is important to consult and encourage participation from the provincial government and affected communities right from the assessment phase. This is an area where UNICEF's performance could be stronger.
- UNICEF's approach of providing practical support to local leadership and coordination (ie. People, printers, phones, paper) has been extremely effective.
- There was a general lack in the emergency of effective systems to get the right information to the right people to assist them to make the right choice for their circumstances. Especially regarding the risk of future disasters. UNICEF would do well to liaise with other partners now to ensure this is improved in future responses.

#### 4.3. Inter-Agency Coordination

The complexity of inter-agency issues that stalled and ultimately derailed effective coordination of the initial response to the emergency and early recovery efforts is reflected in the minutes of the UN Disaster Management Team (DMT) Meeting held in Suva in 28 August and the report of the NDMO lessons-learned workshop held from 11-14 June 2007. Among the many issues labelled as constraints or lessons from the response were the following:

- The absence of the director of NDMO overseas delayed NDMO from taking an early lead on coordination and assessments.
- UN and NDMO scenarios for disasters in Solomon Islands had not planned for a disaster response centred around a remote provincial capital (Gizo).
- Information did not flow well and there were delays in getting an accurate sense of the scale of the disaster.
- Key UN agencies such as UNDP and UNOCHA did not take a leading role in coordinating the disaster and those experienced personnel who were deployed were rotated too quickly to develop effective relationships with counterparts.
- Unusually, the Asian Development Bank (ADB) volunteered to take on a coordination role for early recovery but was slow to deploy staff and establish coordination mechanisms.
- Rapid staff turnover amongst UN agencies frustrated government counterparts.
- Provincial governments were perceived as 'not functioning' and in some cases were unwilling to take on responsibilities as they claimed to be 'victims' too.
- Senior government leadership and decision-making was at times contradictory and politically motivated which led to reticence by some UN agencies to get involved.

While the UNDAC team made a good contribution, it was perceived by some as slow to deploy and withdrew after two weeks without leaving an effective coordination mechanism in place. UNDAC's role in bringing coordination together was largely viewed as positive. Some informants, however, noted that the introduction of UNDAC assessment tools after alternative tools had been mobilised caused confusion.

## 4.4. Funding

Relevant Core Commitments for Children in Emergencies in Initial Response (usually 6- 8 weeks):

- *Assess financial and administrative capacity in country, including sources of cash, banking and financial systems, available funds disbursement methods and security of assets.*
- *Through the use of standard checklists for funds management, provide guidance on funds management and disbursement modalities at the onset of the crisis.*
- *Put in place internal oversight and control systems while preserving the safety of staff members, partners and assets.*
- *Respond rapidly to queries regarding finance and administration from Field Offices.*

Relevant Core Commitments for Children in Emergencies after the Initial Response (up to and beyond six months):

- *Timely consultation with Country Offices, Regional Offices, DHR and other stakeholders to deploy finance and administration staff to emergency duty stations, as required.*

### 4.4.1. Funding Appeal

UNICEF Pacific issued an immediate needs document within 73 hours of the April 2 earthquake. A request was made for US\$500,000 to cover UNICEF's immediate response. UNICEF Pacific also applied for a further US\$250,000 from the UNICEF Emergency Programme Fund (EPF). Within a further 72 hours US\$500,000 had been mobilized; US\$100,000 from the Mercury Fund, US\$100,000 from the Japan National Committee for UNICEF and US\$300,000 for the Government of Japan. US\$200,000 was reprogrammed from UNICEF Pacific's Regular Resources. The New Zealand National Committee for UNICEF and the Australian National Committee for UNICEF also raised funds equivalent to US\$16,319.71 for the Solomon Islands emergency which was directed to psychosocial and child protection needs.

In mid April, following rapid assessments across the affected area, it was determined by the UN Disaster Management Team (DMT) that a common UN appeal would not be required. In hindsight it has been suggested to the team that this decision may have been premature as insufficient information was available at the time to make this decision. From UNICEF's perspective it was clear from assessments that many thousands of children were severely impacted by the disaster and that a significant UNICEF response was required. UNICEF therefore prepared and launched its own appeal document requesting funds to meet recovery and rehabilitation phases of the emergency response.

UNICEF Pacific appealed for an additional US\$1,290,500, allocated to the following priorities.

Education	US\$380,000
Health and Nutrition	US\$210,000
Water and Sanitation	US\$320,000
Child Protection	US\$330,000
HIV and AIDS	US\$50,000

Further breakdown of these figures by sector is provided in the Solomon Islands Emergency Management Plan Results Matrix at Annex 5.

Overall contributions from UNICEF totalled US\$1,436,262.73. A further US\$300,000.00 was funded through the Global Thematic Humanitarian Funds (NYHQ) for Basic Education and Gender Equality. US\$517,472.44 was funded through the Global Thematic Humanitarian Funds (NYHQ) for Emergencies. Japan provided US\$280,380.00 and the NZ National Committee has provided US\$16,319.71.

Contributions from Global Thematic Humanitarian Funds were tied to the education sector or more specifically for Basic Education and Gender Equality and in particular Girls Education (ICHD).

UNICEF Pacific reports that as at 31 October 2007, in total US\$2,550,434.88 in funds was formally made available for the emergency response to the Solomon Islands disaster. In addition to this, substantial but often unquantified contributions of staff time and other resources were made available to the emergency response from EAPRO, UNICEF's multi-country office in Suva, and Honiara field-office.

#### **4.4.2. Budgeting and Disbursement of Funds**

The disbursement of funds for the emergency has been an intricate process. Programme staff and consultants based in the field expressed frustration that they did not have direct control over budgets for their programmes or a clear picture of the funding available. This made it difficult to prioritise. One consultant claimed he was told to 'just spend' and then, without warning, advised that 'there is no more funding available'.

According to UNICEF Pacific's Chief of Policy, Advocacy, Planning and Evaluation (PAPE) a significant lesson from this emergency is to ensure that a clear budget is developed from the outset based firmly on the priorities identified in the Emergency Management Plan. Financial management in UNICEF's internal accounting systems (ProMs) should be structured on the Emergency Management Plan Results Matrix.

Despite some difficulties and very significant procurement and supply constraints, UNICEF's disbursement of funds has occurred at a satisfactory rate. As at 15 October a total of US\$1,026,033.67 has been spent on procurement of supplies.

#### **4.4.3. Operational Costs**

The operational costs of UNICEF's response to the disaster have been very high relative to the size of the population affected. This is in large part due to the remoteness of the affected area, the need to mobilize supplies quickly and the challenges of organizing transport. Air charters were used to airlift supplies from UNICEF in Papua New Guinea and in Indonesia. Many other supplies have had to be transported by air to Gizo (in much smaller volumes therefore many trips). Access to most communities from Gizo is usually only possible by boat. In the early part of the emergency the availability of boats was at times limited due to increased demand.

Other factors contributing to high operation costs were brought to the team's attention by UNICEF staff and key counterparts. UNICEF Pacific's Chief of Operations noted that a tendency towards reactive rather than planned decision making meant that it often became necessary to arrange urgent and expensive air transport options whereas cheaper sea-freight options would have been possible if planning and preparedness had been better. The use of charters and the routing of supplies through Gizo rather than through existing regular shipping services also led to increased costs.

Local counterparts noted that certain International UNICEF staff were unwilling to take local advice and insisted on distribution approaches that were slow, expensive and inefficient. By way of example and as noted earlier, delivery of education supplies to Choiseul took over a week utilising a single boat for four separate trips. This was slow and inconvenient to local Education staff that had to be present out of hours to meet deliveries which were sometimes postponed without this being communicated to them.

#### **4.4.4. Impact and Key Achievements**

The identification of financial resource and disbursement of funds through government and non-government partners is an area UNICEF Pacific has done particularly well. UNICEF's overall impact has been greatly enhanced by its strategic engagement and financial support for programmes implemented directly by government and through the establishment of cooperation agreements with NGO partners such as Save the Children, World Vision and Caritas.

#### **Recommendations**

- Ensure that a clear budget is developed from the outset based firmly on the priorities identified in the Emergency Management Plan.

- Financial management in UNICEF's internal accounting systems (ProMs) should be structured on the Emergency Management Plan Results Matrix.
- Develop and continuously update a Supply Plan in accordance with the Emergency Management Plan and supply monitoring.

## 5. GENERAL OPERATIONS AND MANAGEMENT ISSUES

### 5.1. Supplies, Logistics, Information Technology (IT) and Security

#### 5.1.1. Supplies

A major issue raised at all stages of the evaluation concerns the efficient, timely and effective delivery of supplies from the point a need is identified and requisition is placed, to the time supplies reach the intended beneficiary or meet the specified operational purpose. Senior management in Suva office in both Operations and Programme areas noted that this had been a weakness in UNICEF's response and accurately predicted that it would be raised as a major concern by staff in the field.

Procurement for all 14 Pacific countries where UNICEF Pacific has programmes is coordinated centrally through the Multi-country office in Suva and varies according to whether procurement occurs locally, is carried through the Contracts Review Committee (CRC) process, or is requisitioned from UNICEF Supply Division in Copenhagen. In each case there are numerous steps in the approval process representing points where supply orders can be delayed. Local procurement action time is monitored by management through monthly reports. The September 2007 'Dashboard Status' report notes that 97% of supplies were delivered in 12 weeks, which is an impressive statistic in light of the very significant logistical challenges to supply in the Pacific, though it is obviously not a useful measure of UNICEF's emergency response capability.

#### **Achievements**

- UNICEF Pacific has been able to respond to its first major emergency with considerable professionalism and effectiveness.
- The pre-positioning of emergency medical supplies was significant time, cost and potentially lifesaving initiative.
- UNICEF has over many decades as a provider of emergency assistance organization developed standard procedures to ensure that supplies are sourced and delivered in a manner that is both cost-effective and accountable.

#### **Findings and lessons**

Overall UNICEF Pacific's procedures and mechanisms for tracking and monitoring requisition processes appear to be sound. There would be benefit in carrying out a review of work processes to identify bottlenecks and benefit in Suva-based staff spending increased time in the field to train and support field staff – particularly in an emergency setting when many new staff are likely to be employed. There is also an apparent need to improve the 'emergency footing' of Suva in terms of ensuring that Operations staff are trained to recognize emergency priorities and facilitate accordingly. While examples were provided where supply processes were rushed through and all steps of a CRC process were completed in less than 2 days other items have taken many months to arrive (e.g. tent supplies to Choiseul Province, water tanks and other WATSAN hardware).

#### **Staff perspectives**

Field-based staff thought delays in supply were due to *'lack of understanding of what an emergency is in Suva'*. Operations staff in Suva thought *'delay in actions were mainly due to inadequate or no understanding at all of the UNICEF policy and procedures at the Field level'*.

Other common causes of delays brought to the teams attention included:

- Inadequate documentation provided by the field (specifications, government counterpart requests)
- Further information required from the field but not being provided.
- Rapid turnover of staff in the field resulting in questions to the field not being answered and the requisition process stalling.
- Changes in priority or preference from the field (also related to high turnover).
- Approval being delayed due to travel of the authorized delegate or other key person.
- Supply process being delayed due to training or other commitments by key staff.
- Supply process being delayed by external constraints such as the unavailability of supplies or excessive delays by the supplier (e.g. Copenhagen Supply Division).

- Dramatically increased workloads in Suva without increased staff to carry them out.
- Supply being delayed due to unavailability of funds.

### **5.1.2. Logistics**

UNICEF appears to have struggled to mount a logistical response adequate to the demands of an ambitious emergency programme and able to deal with the challenges posed by a major disaster occurring in a remote area and affecting geographically dispersed island communities with limited infrastructure.

Gaps in planning and staffing meant that it was some weeks into the emergency before a supply and logistics officer was deployed to Gizo. Most procurement was handled by Suva and forwarded to Honiara. The lack of a dedicated logistics officer, or even staff with basic training in logistics, meant that time was wasted getting supplies moved from Honiara to Gizo. Further delays in mounting an effective response resulted from the routing of supplies for Choiseul through Gizo, where UNICEF had established a warehouse. Communities in Choiseul were generally the last to receive supplies and based on community interviews, received substantially less of key items per head than Western Province.

#### ***Warehousing and Supply Logistics***

Operational management in the Gizo field office appeared professional and efficient. Secure and clean warehousing was observed and supplies were adequately stored and organised. Sound procedures for appeared to be in place for the issue of materials and recording of losses (if any). Stack cards were observed on all commodities and documentation appeared in good order.

The current standard of warehousing is the result of improvements made by the Operations Manager. According to the Warehouse Manager and Operations Manager stores were poorly managed in the early part of the emergency. While this is to an extent understandable it also reflects the delay in ensuring that experienced logistics staff were deployed. As a consequence it is difficult to assess the extent of losses and damage as it appears that record keeping prior to arrival of the current Operations Manager was not adequate. The Warehouse Manager reports that some supplies were stolen from the previous warehouse but was unsure what exactly. The Operations Manager was aware of one box with a printer being stolen during unloading of a vessel. This was documented and reported to the police. The Chief Education Officer in Choiseul Province reported that some school tent materials were stolen in Choiseul (but after delivery to the community)

There are no immediate improvements necessary. Current staffing is adequate. With the departure of the current Operations Manager and Gizo Team Leader, however, a significant gap in operations staffing may occur. Local staff are motivated and effective in their current roles but may not be sufficiently experienced or competent with computer-based reporting systems to be confident that systems will be maintained and adhered to.

#### ***Distribution***

Early documentation and record keeping was pretty poor. The situation is much improved. Stock movement records now show where commodities are dispatched to (to the village level in the Western Province but for Choiseul Province only note when goods are dispatched to Taro for further redistribution).

The absence of trained logistics staff to facilitate movement of goods through Honiara to Taro and Gizo and ensure their safe receipt and storage prior to distribution has been a major weakness of UNICEF's response.

#### ***Field Office Set-up***

UNICEF is to be congratulated for establishing a functioning field office in Gizo within days of the disaster. Nevertheless, establishment of a similar presence in Choiseul Province should have been accelerated. It must be noted that the location of many areas affected by the April 2<sup>nd</sup> disaster allowed humanitarian agencies to base their main operations in a reasonably well equipped Provincial Capital (Gizo). Parts of Gizo Town and its amenities (eg. the hospital, some water supplies) were significantly damaged by the earthquake and tsunami, but by and large, facilities such as the main hotel, other accommodation, roads, water supplies, electricity and phone connections, remained reasonably

intact. This may not be the case in future disasters. UNICEF should learn from NGOs such as IRFC who have developed and pre-positioned office set-up kits for rapid field deployment.

### ***Information Technology***

UNICEF Pacific quickly established a field office in Gizo. Computers and other IT equipment were set up rapidly but required regular maintenance. IT support from the Suva Office was not always available when needed. Phone and fax access was reasonable but Internet connectivity was variable – not surprising given the remoteness of the field office.

### ***Recommendations***

- Ensure all staff are familiar with supply requisition requirements – if necessary, provide rapid refresher (for existing staff) and orientation for all new staff at the onset of a declared emergency and as new staff are mobilized.
- Ensure a dedicated Logistics and Supply Officer is mobilized as part of the initial response team and develop clear staff replacement timetable to maintain logistical expertise through the first six months of an emergency response (depending on scale and duration of supply management required).
- Monitor the performance of implementing partners to ensure that results of interventions meet UNICEF's desired targets and international standards.
- Develop field office set-up kit and pre-position accordingly for rapid deployment in the Pacific.
- Learn now from what it has taken to set up Gizo and set a minimum standard for UNICEF operations. Train staff in its set-up and work to a deadline (eg. 48 hours)
- Develop standby arrangement with IT and Communications firm to allow rapid set-up and servicing of basic field office equipment and communications.

### **5.1.3. Security and Safety**

Emergency environments carry inherent risks to the security, safety and wellbeing of UNICEF staff and consultants as well as to the affected population they seek to assist. In Solomon Islands risks to staff safety and security include:

- health risks
- ongoing possibility of political or civil disturbance
- random crime
- vehicle accidents and marine accidents and natural disaster.

The UNICEF sub-office in Honiara has an effective security plan in place in conjunction with other UN agencies, under the supervision of the UNDP Security Officer. Authority to travel must be granted by supervisors and is monitored.

### ***Marine travel***

The need to undertake sea travel between islands to implement and monitor UNICEF programmes poses a significant risk to UNICEF staff engaged in the current emergency operations in Western and Choiseul Provinces. The usual mode of travel in both provinces is small open outboard fibreglass or aluminium boat with single engines of 40-75 HP capacity.

UNICEF Pacific and particularly the Gizo field office have instituted a number of safety protocols which the team note and believe demonstrate a high standard of security awareness amongst the current UNICEF team. A culture of safety appears to be evident throughout the organization and no explicit breaches of safety were observed during the evaluation.

Positive and proactive measures taken to manage risk which were observed include:

- Only UNICEF staff members allowed to drive UNICEF vehicles.
- All observed marine field trips were well-equipped with EPIRB (emergency positioning beacon), life jackets, torch with spare batteries, spare water and rations and satellite phone.
- Equipment was checked prior trips going out by the Gizo Team Leader and the Operations Manager ensured safety equipment was signed for and returned.
- Access codes and emergency numbers (UNICEF Office Gizo) were affixed to satellite phones.
- The evaluation team was advised and complied with a 6 pm call in schedule when in the field.

- A daily phone-call schedule was in place between the Gizo sub-office with the only remotely located (and female) staff based at Taro.

Gaps and suggestions in terms of security that the evaluation team note include:

- Consultants were not provided a verbal or written briefing on security or safety issues prior to be mobilised to the field. Given the international nature of UNICEF's deployments it should not be assumed that UNICEF staff or consultants are familiar with risks in the Solomon Islands environment.
- Current safety in the field seems overly reliant on the initiative and diligence of individuals rather than representing a thorough analysis and institutionalisation of appropriate safety protocols.
- Reportedly, the first UNICEF staff deployed to the emergency did not have appropriate safety equipment (life-jackets, satellite phones, etc.) when they arrived and worked without it.
- There was no specific documentation of risk management procedures and protocols in the event of an accident, capsized or accidental drowning.
- There has not been specific training or awareness for staff regarding safe marine travel (eg. lifesaving or first aid).
- Procurement of some key safety equipment (eg. GPS) has been slow (the team understands that this will soon be completed).
- Other NGO partners of UNICEF have reportedly had accidents at sea. Given its close coordination with NGOs, UNICEF should request incident reports (if they exist) and use these experiences to examine their own level of preparedness for similar incidents and ensure preparedness of partners.

### **Recommendations**

- Ensure a rapid security and safety assessment is completed as the first task of the first UNICEF staff member to be deployed. This can then be written up as a one page security brief to be emailed to any staff or consultants being deployed, or could form an annex to contract of any consultants.
- Prepare and store marine safety kits for rapid deployment with the emergency response team.
- Document the security and safety procedures and good practices that currently exist.
- Conduct a thorough safety audit of actual and potential risks in UNICEF Pacific's operating environment and prepare short (1-2 page) context specific risk management plans for all UNICEF offices across the Pacific.
- Ensure new staff, consultants and seconded UNICEF staff are briefed on operations, safety and security *before* deployment (also allows opportunity for internal relationship building and training in UNICEF Pacific policies, procedures).
- UNICEF should request incident reports from NGOs and use these experiences to examine their own level of preparedness for similar incidents.
- Ensure debriefing is conducted as a matter of course and staff are given the opportunity and encouraged to receive counselling if they have been involved in critical incidents, under prolonged stress or would otherwise benefit.
- Ensure safety and security items receive priority in the procurement process.

## **5.2. UNICEF Pacific Management and Leadership**

In the initial phase of the emergency UNICEF Pacific senior management, operations and programme staff focused intense attention on responding well to the emergency. UNICEF field staff were insulated from many of the normal requirements of UNICEF financial rules and procedures. Procurement processes were fast-tracked and the importance of meeting UNICEF's CCC was emphasized over financial regulations.

There were substantial investments in time on behalf of senior managers which according to some staff caused delays getting decision on other non-emergency programmes. There was a large increase in workload from staff involved on the operational side but some staff in Suva office reported they felt marginalized and 'out of the loop'. It was difficult for staff not directly involved in the emergency response to get management's attention for important but non-emergency priorities. Staff on the operational side were stressed by the constant pressure to 'fast track' processes that normally

take weeks in just a few days and to make payments when documentation was incomplete. As one programme officer observed:

*"[Suva] needed new work processes from the start. Everyone jumped in but there was no reconfiguration of communication and work processes. Staff would be given sudden requests and not know the context and not sure who to deal with. A lot of programme assistants got frustrated. It was unclear when and whether to follow normal processes. A small emergency team was established but it needed to be done with the whole office."*

In Suva, UNICEF Pacific's Deputy Representative and Chief of Policy, Advocacy, Planning and Evaluation (PAPE), Chief of Operations, and the Chiefs of Programme and Programme Officers including Integrated Child Health and Development, Adolescent Development, and Child Protection formed the core emergency team. Several key Operations and Administrative staff were also involved.

UNICEF Pacific was also given strong support by the East Asia Regional Office (EAPRO), who deployed their Emergency Focal Point to assist preparation of the Emergency Management Plan (EMP) and NYHQ, who assisted by identifying suitable candidates for the emergency response and emergency funds.

The development of the EMP was completed by the end of week 3 and was a considerable achievement, representing the first time in the Asia Pacific that key results and targets for emergency response were spelt out in advance. UNICEF's firm commitment to the principle that the fundamental rights of every child to protection and survival cannot be compromised led to highly ambitious targets of 100% (eg. for number of children in affected area receiving RNI).

UNICEF Pacific senior management demonstrated a personal commitment to visiting the field and building an effective relationship with the Western Province government. The UNICEF Pacific Representative arrived on 12 April (Day 10) to meet the Premier and Provincial Secretary of Western Province.

### **5.3. Human Resources**

On 3<sup>rd</sup> April 2007 the first conference call took place between the Solomon Islands and Papua New Guinea Country Offices (CO), EAPRO Regional Office, Office of Emergency Programmes (EMOPS) New York (host) and Geneva, and the Division of Human Resources (DHR) Emergency Unit. Initial assessment of the situation undertaken by the Solomon Islands Office identified immediate human resource needs, and the HR Emergency Unit agreed to support six requests on 3<sup>rd</sup> April 2007: 3 Water and Sanitation (WATSAN), 1 Nutrition, 1 Communication, and 1 Supplies and Logistics.

The HR Emergency Unit began tracking deployment statistics to assess immediate and future needs using the standard Operational Staffing Matrix (OSM). Additional requests were received on 9<sup>th</sup> April 2007: 1 WATSAN and 10<sup>th</sup> April 2007: 1 Health Education Adviser (HEA). Deployments were made based on the Rapid Response Mechanism (RRM), employing internal redeployments (IR), Standby Partners (SBP), Temporary Fixed Term (TFT) and/or Consultancies (SSA).

Response to the initial requests of 3<sup>rd</sup> April was as follows. The first deployment arrived 6<sup>th</sup> April WATSAN (IR), 7<sup>th</sup> April Health and Nutrition (TFT); 9<sup>th</sup> April WATSAN (SBP); 11<sup>th</sup> April Supplies and Logistics (IR); 17<sup>th</sup> April Child Protection (SSA). Deployment of additional assignments arrived 15 days after request: Emergency Management Expert (IR). Additional WATSAN (SSA) and Health and Nutrition (SSA) personnel were on the ground 30 days and 43 days of request date. In sum, the CCC mandated timeframe of 6 (43 days) to 8 (56 days) weeks was met in 100 percent of the initial deployments. Release of internal staff came from UNICEF Papua New Guinea, Myanmar and Indonesia COs, demonstrating a certain level of organizational coordination and cohesion.

While UNICEF Pacific with exemplary support from NYQH and EAPRO was able to quickly deploy many staff in the initial response, it took significantly longer to identify longer term replacements. In addition, some cases senior management staff were deployed directly to the field without receiving a briefing in Suva. It would be useful for UNICEF Pacific to itself develop a sub-regional emergency

roster of people with emergency/and or Pacific experience and maintain periodic (inter-emergency) contact with the main specialists on the roster.

## **5.4. Reporting and Internal Communications**

Based on some reports from staff, it is apparent that communication within UNICEF Pacific as a whole could have been improved. In an ideal world it would be good to ensure that consultants are briefed and meet key operational staff in Suva before being deployed.

Several staff noted that throughout the emergency response reporting mechanisms have been very unclear. This clearly detracts from effectiveness and may even cause staff stress.

## **5.5. Finance and Administration**

### **Achievements**

- UNICEF administration is governed by established procedures which is both a strength and a weakness. Once procedures have been learnt UNICEF can transfer staff and anticipate they will be able to work effectively.
- Staff capacity at all offices is high. There is always room for development

### **Constraints and Gaps**

- Many of UNICEF's internal processes during an emergency still appear quite cumbersome – particularly for those new to UNICEF. This leads to stress at all levels of the organisation.
- The degree of urgency attached to different requests varied. Excessive and unjustifiable investments of time were required by the Gizo Team Leader to ensure that Daily Subsistence Allowance (DSA) and salaries were paid to national staff.
- Salaries were often paid late and only when prompted.
- Trust, or the lack of it, between Suva and the field and sub-field office appears to be a problem.
- Decision-making concerning issues such as travel itineraries, logistics and minor programme issues is overly and unnecessarily centralised in Suva. This resulted in local knowledge and advice not being heard and several poor decisions being made.
- Staff noted that the long delay in approval from NYHQ to establish a bank account in Gizo. This was a significant constraint to effective financial management. Staff in Gizo had to hand-carry large cash advances. These were stored insecurely in the office. A safe was purchased for the Gizo office but at the time of the evaluation was still in Honiara office.

### **Lessons**

- The lesson with regard to 'remote management' is to avoid it wherever possible. Get good people. Give them the budget resources and room to do their job. Trust them to do it and monitor to ensure it is done well.
- Bureaucratic processes while inevitable within large bureaucracies and the UN in particular, impose very substantial costs.

### **Recommendations**

- Set up emergency unit in Suva country office at onset of emergencies with representation from senior management, finance, supply, PAPE and Programme.
- Provide guidance and on-the-job training and reminders on teamwork and giving and receiving feedback.
- Encourage cross-department exchanges and rotations and exchanges.
- If emergency scenarios/training are run, provide opportunities for Operations staff to 'experience' emergency priorities.
- Ensure all staff are familiar with financial procedures – if necessary, provide rapid refresher (for existing staff) and orientation for all new staff at the onset of a declared emergency and as new staff are mobilized.
- Identify additional staffing resources to assist in operational areas (eg. finance) as soon as a large emergency occurs.

- In emergencies, document when procedures are not being followed (Note for the Record) but nevertheless proceed if requests will otherwise be delayed due to inadequate paperwork at the time of request.
- Ensure there are clear contact points for decisions and approvals.
- Review work processes in key operational areas and fine-tune for emergencies.
- Assess the Contract Review Committee process to develop supply agreements for rapid purchasing of equipment in an emergency.
- Implement standards of excellence in field support and sanctions for poor performance.
- Monitor junior staff in key operational areas (travel, finance, administration) to ensure timely and devolved decision-making is encouraged through-out the organisation.

## 6. UNICEF'S PERFORMANCE AGAINST OECD/DAC CRITERIA

### 6.1. Relevance and Appropriateness

CCCs are a guide and need to be carefully considered in the light of an individual country's context. The Pacific has particular vulnerabilities and unique strengths which need to be carefully analyzed to assess the relevance and appropriateness of a particular emergency intervention. The CCCs were developed from the distilled experience of 50 years of humanitarian intervention by UNICEF. Most but not all of this experience is applicable to the Pacific. UNICEF's response has been largely relevant and appropriate. Because of the multitude of actors involved, UNICEF decided not to conduct any initial surveys and depended on the assessments of others. The evaluation, however, found that initial assessment data generated by a variety of organizations (government and non-government) were painfully slow in materializing and often contained conflicting or confusing information. This meant UNICEF often had to make assumptions or "second-guess" the quantity and range of supplies and take more time than desired to negotiate distribution localities with other partners also struggling to identify actual needs.

Governments and humanitarian agencies working across the Pacific must make stringent efforts to harmonize emergency data collection tools and streamline information management systems in declared emergencies. The evaluation team notes the recent efforts being made by UNICEF, SOPAC, IRFC, UNOCHA, UNDP, WHO and The Asia Foundation to harmonise data collection tools and processes.<sup>17</sup>

The evaluation also noted that the appropriateness of some CCCs (eg. measles campaign) need to be considered in context. It would be valuable to review each of the CCCs against risk profiles of Pacific countries. To develop sound risk profiles, it would be expedient to conduct epidemiological research to assess the greatest risks in the individual context of the 14 UNICEF Pacific countries and inform disaster preparedness planning.

### 6.2. Efficiency

The criterion of efficiency imposes special challenges when measuring the performance of agencies involved in emergency response in the Pacific. The costs in terms of communication and transport need consideration while the enormous diversity and scattered nature of small communities mean that economies of scale and 'template solutions' are often unlikely to achieve results.

UNICEF's mode of programme delivery, prioritizing implementation through local partners does however mean that substantial reductions in cost have been achieved to reach desired outputs. In particular the support provided to MHMS, MEHRD and Ministry of Home Affairs (MHA) have allowed these national institutions to function far more effectively in the field, while the development of strong relationships with these Ministries and the strategic placement of UNICEF national staff and international consultants at the field and country office level has enabled UNICEF to provide advice and input to achieve concrete results in an efficient, sustainable and cost effective way.

There is room for some gains in efficiency in terms of improving strategic planning, operational practices and logistics, monitoring and evaluation, training and staff capacity development, and staff travel. It was noted by field staff as well as the evaluation team that it is a common practice for staff from the multi-country office to make numerous short visits to the field offices in Honiara and Gizo. This is costly in terms of travel time, airfares, and disruption caused in the field (to field staff and local officials). While it is invaluable to have regular contact between offices, longer and less frequent visits would ensure time was available to support and train field staff, develop relationships and a greater appreciation for the challenges of the field.

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<sup>17</sup> Workshop Report on Information Management for Emergencies in the Pacific, 13-16 November 2007, Suva, Fiji Islands. Suva: UNICEF/UNOCHA/UNDP/SOPAC/TAF-OFDA/WHO.

## 6.3 Effectiveness

UNICEF's response overall has been quite effective but there is a wide difference between its performance across different sectors, in different parts of the affected areas (UNICEF appears to have generally been less effective in Choiseul Province when compared to Western Province) and depending on which aspect of UNICEF, as an organization, one considers. Unsurprisingly, UNICEF has been more effective in areas where it has had a substantial presence. While considerable effort has been spent by staff based in Gizo to ensure that needs in Choiseul were adequately covered, in almost every sector Choiseul Province appears to have received less supplies and attention than Western Province, and has received it later.

Among the most effective of UNICEF's interventions was the pre-positioning of medical supplies in Honiara. This allowed UNICEF to respond very quickly to meet the needs of Gizo and Sasamunga hospitals which were severely damaged by the tsunami. UNICEF was also very effective in advocating on child protection issues, encouraging and leading coordination efforts, utilising its 'brand' effectively to lobby government and NGOs to adopt 'best practice' approaches to responding to the needs of children in emergencies, and in supporting a comprehensive measles vaccination and Vitamin A campaign.

UNICEF effectiveness has been considerably enhanced by the quality of its relationships with government counterparts. The use of government counterparts as implementing partners has been particularly positive and the relationship has been greatly strengthened by UNICEF's flexibility in meeting particular needs of government partners whether for boats and motors, per diems and petrol, or technical advice and computers.

UNICEF's reliance on external partners for programme implementation has positive and negative implications for its overall effectiveness. Use of government partners is essential for sustainability of UNICEF's programmes, is more cost-effective, and avoids duplication of effort or substitution of external programmes where government should be taking the initiative. The reliance on government and NGO counterparts allows UNICEF to use extensive pre-existing networks and systems adapted to the Solomon Islands situation. However, UNICEF's effectiveness and overall performance is closely tied to the performance of its partners. Where implementing partners perform strongly UNICEF's performance is enhanced. Where the distribution by implementing partners is unequal and inadequate, UNICEF's performance suffers. There is a strong case for increased efforts by UNICEF to monitor the performance of its implementing partners to ensure that results of interventions meet UNICEF's desired targets and international standards.

## 6.4. Impact

The team found no major examples of negative impacts from UNICEF interventions. UNICEF's government counterparts were of the view that UNICEF's programmes and presence had a substantial and positive impact. The quality of UNICEF's coordination played a key role:

*They saw the importance of not acting alone. Getting stakeholders involved is key to getting progress. They helped us concentrate on an area that is normally neglected.*

- SIG Official

UNICEF's flexibility in being able to support government was also important.

*UNICEF was quick in its response and ensured that things were happening. It drove the process to the extent we could work together. UNICEF looked at how we could collaborate and who is doing what on the ground.*

- SIG Official

UNICEF's impact in communities was most visible in those communities who had received education supplies such as tents, school bags, SIB kits and Recreation kits. In some cases the addition of a UNICEF tent led directly to the restarting of school.

The impact of other interventions such as provision of medical supplies has depended on the presence and initiative of counterparts to ensure supplies reach their intended purpose and are stored and distributed appropriately.

## 6.5. Coverage

The ambitious nature of many of the targets in the Emergency Management Plan requires that UNICEF achieve coverage rates at close to 100% of affected communities. In reality this has only been partially achieved. UNICEF has clearly achieved better coverage in Western Province. Choiseul Province was not covered in the same depth as Western Province.

There are a number of factors that constrained UNICEF's coverage:

- Poor weather and difficult sea conditions occasionally meant distribution could not take place or were delayed.
- Not all villages/settlements have schools and/or nearby clinics and some of these communities have not received vital supplies.
- In the initial emergency response the lack of "local knowledge" on the exact location of IDP camps, or because of the difficulties of tracking inland and uphill to get to these camps, occasionally hampered supply distribution. Where it is not practical to find communities it may be possible, with appropriate planning, to provide communities with advance notice of distribution so they have time to come to more accessible distribution points.

### Water, Sanitation and Hygiene

The distribution of soap in association with health and hygiene promotion provides a useful proxy for examining issues related to coverage. Soap is a tangible and valued luxury commodity in most rural villages in Solomon Islands. Prior to the disaster its presence in households would depend on having disposable cash income, something to trade, or receiving it as a gift from visiting friends or relatives returning from town. Villagers who contributed to the evaluation could accurately recall when they got soap, how much they got and usually who gave it to them.

General achievements related to soap distribution coverage include:

- Every village visited by the evaluation team except one had received soap on one or more occasions since the disaster.
- Most households were reached.
- People were genuinely appreciative: "It's only soap but at least we have received something."

Constraints are more numerous:

- There were large inequities between villages with some receiving a carton of soap (48 bars) per family and other just a few bars and some villages receiving multiple distributions and others just one.
- Remote communities and communities without schools or health clinics often missed out.
- It was often implied that UNICEF's implementation partners did not distribute fairly.
- The amount of soap given was in most cases not enough.
- Soap given to central villages for redistribution to other villages was not distributed fairly.

The frustration of some Choiseul beneficiaries in terms of coverage was clearly expressed to the team.

*Everything from UNICEF is just for Western Province. We, in Choiseul get the leftovers"*  
- Primary school teacher in Choiseul

While this comment is neither accurate or fair it does illustrate an unfortunate perception and contains an element of truth.

Coverage for HIV awareness activities has also been low. In the majority of villages visited by the evaluation team, groups could not recall HIV specific messages delivered in awareness campaigns or reported that messages were rushed. The exception to this was in IDP camps located on Ghizo Island within reach of Gizo town where many staff and organizations were based. This highlights the importance of improving approaches to reach remote communities.

## 6.6. Sustainability/Connectedness

It is too early to assess whether UNICEF's interventions in response to this disaster are sustainable where sustainability is an important facet (not all emergency interventions are intended for long-term sustainability). Nevertheless, there are many positive characteristics of UNICEF's approach which suggest the sustainability of UNICEF's overall response is generally very good. It is clear that UNICEF staff have worked hard to ensure UNICEF programmes reflect government priorities. The level of government ownership of many of the initiatives UNICEF has supported seems to be very high. This has positive implications for the sustainability of these programmes following UNICEF's eventual departure. Similarly, the encouragement of government leadership of coordination mechanisms is very positive – although based on interview responses this was not a feature of relations with provincial authorities until around 4-6 weeks into the disaster.

There are some very positive examples of support by UNICEF international staff for local staff development and enhancement of existing capacities which has strong implications for sustainability. At the field level in Gizo, for instance, there were excellent examples where local staff had been given the opportunity to demonstrate their capacity and encouraged to develop it further. However, local staff in Honiara and Gizo expressed some frustration that the level of trust and support from Suva office was sometimes limited and that they felt they were sometimes treated as inferiors by some staff in Suva. In general, it was observed by the evaluation team, that insufficient delegation of decision-making to the field appears to be a feature of UNICEF Pacific's operations. This has negative implications for sustainability as it means that decisions may be taken that do not reflect adequate input from staff in the field.

Some specific interventions need close scrutiny to ensure that they are as sustainable as possible. When Safe Play Areas were established there were some complaints that the employment of youth 'volunteers' undermined the role of teachers who were already present in the village and who had existing relationships with children. In other communities this was avoided by ensuring that teachers were fully consulted and encouraged to participate in the running of SPAs.

## 6.7. Coherence

The coherence of UNICEF's response has generally been very good. The use of the CCCs as a guiding framework and integration of UNICEF's responses into existing partnerships with government agencies has been positive. Links between sectoral areas such as Health, WATSAN and Education have been well utilized to improve coherence of programmes such as hygiene promotion. Recent initiatives by consultant specialists to undertake joint field missions are also very positive and if continued should enhance the overall coherence of UNICEF's programmes.

To ensure coherence of UNICEF's response, adequate staffing and resources must be maintained at the field level in Western and Choiseul Provinces. UNICEF's accomplishments to date are significant but fragile. As UNICEF's programmes transition from relief to recovery it will be important to ensure priority areas receive ongoing support and that the withdrawal of other relief agencies does not have an adverse impact on the recovery efforts of vulnerable communities or groups.

## 6.8. Beneficiary Perspectives

The perspective of beneficiaries on assistance provided by UNICEF and other agencies provides a useful 'reality check' on the relevance, appropriateness, effectiveness, timeliness and other characteristics of the humanitarian assistance provided. Communities gave careful consideration to the questions posed by the evaluation team and made insightful comments and recommendations on how UNICEF and other providers of assistance can do better.

These comments have been summarized in **Annex 4**. These perspectives underpin this evaluation and it is highly recommended that readers of this report examine these comments in some detail. The evaluation team has endeavoured to present the views of beneficiaries as faithfully as possible. It should be highlighted that the views presented do not necessarily represent a consensus view but rather a range of opinions and views offered by individuals present in community meetings. Where

separate meetings were held there were frequently inconsistencies in the information provided by men and women's groups.

Recipients of assistance have clear views on how they want that assistance to be provided in emergencies. Common themes that emerged were that communities wanted:

- to be consulted on their needs and what kind and how assistance is provided;
- clear information on what they were entitled to receive and from whom;
- a mechanism of reporting back to government on what is actually received;
- assistance to arrive much earlier; and
- direct distribution at the household level.

## 7. SPECIFIC RECOMMENDATIONS

THEME	RECOMMENDATION	ACTION	WHO LEADS?	WHEN
<b>PROGRAMME</b>				
<b>Education</b>	1. Develop capacity to supply school tents quickly and effectively	Preposition 20-50 school tents in the region for immediate deployment	UNICEF Suva	NOW
	2. Review contents of SIB and REC kits to ensure appropriateness for Pacific context		UNICEF Suva	During 2008
	3. Consider development of a secondary SIB kit and REC kits more suited for adolescents		UNICEF Suva	During 2008
<b>Health</b>	4. Undertake assessment of the need for a general blanket distribution among IDP population	Discuss with MHMS, NDMO, Provincial governments	UNICEF Honiara/ Gizo	NOW
	5. Investigate anecdotal reports of increase ARIs in Choiseul since the disaster	Assess need for targeted distribution of blankets to vulnerable groups (children, women, elderly)		
	6. Conduct integrated health and nutrition baseline survey and treatment for malaria, vitamin deficiency in Western and Choiseul Provinces	Consult with MHMS and Provincial Health Services	UNICEF Honiara/ Gizo	NOW
		Train provincial health staff (and community welfare volunteers?)	UNICEF Honiara/ Gizo	During 2008
		Undertake survey	UNICEF Honiara/ Gizo	During 2008
	7. Support improved MHMS management and monitoring of cold chain in remote health clinics in Western and Choiseul Provinces	Develop strategy for improved cold chain management (in coordination with MHMS and donors)	UNICEF Honiara/ Gizo	During 2008
	8. Advocate or facilitate urgent action to address medical staff housing in Western and Choiseul Provinces  <i>(Assumption: UNICEF will not get directly involved in funding staff housing)</i>	Identify donors who might be willing to fund gaps	UNICEF Suva/ Honiara	NOW
		Bring the problem to their attention	UNICEF Suva/ Honiara	NOW
		Lobby/support MHMS to engage on this issue as a matter of urgency	UNICEF Honiara	NOW
<b>Health/ HIV</b>	9. Support training in infection control (esp. HIV/AIDS) in all hospitals and clinics of Western and Choiseul Provinces	In partnership with MHMS run training workshops (prioritising health workers most likely to encounter HIV) including, as necessary, equipment, in-situ training, educational materials and supplies (leaflets, posters)	UNICEF Suva/ Honiara	During 2008

<b>THEME</b>	<b>RECOMMENDATION</b>	<b>ACTION</b>	<b>WHO LEADS?</b>	<b>WHEN</b>
<b>Health/ Hygiene</b>	10. Continue support to current health promotion activities and particularly the radio campaign implemented by the national health officer	Include poster and pamphlets distributions Consult health and nutrition officer to identify if training or support needed	UNICEF Gizo  UNICEF Gizo	NOW
<b>Health/ Nutrition</b>	11. Continue to provide support to improved surveillance (HIS, EPI and EWARN) and use analysis from this to inform emergency and development priorities		UNICEF Gizo	NOW
<b>Health/Field Presence</b>	12. Increase UNICEF presence by positioning a National health officer at Taro	Identify funding Develop terms of reference Recruit/transfer officer (Consider temporary transfer from another post to action this as soon as possible	UNICEF Honiara	NOW
<b>Health/ Medical Supplies</b>	13. Provide assistance to coordination, storage and effective distribution medical supplies in large scale emergencies	Develop TORs Identify source and shortlist of suitable candidates Include in preparedness planning	UNICEF Suva	NOW
<b>Hygiene</b>	14. Strengthen monitoring mechanisms to improve the relevance, coverage, impact and effectiveness of hygiene promotion	Assess need for washing dish, further soap and other NFI distribution amongst affected population	UNICEF Gizo	NOW
		Distribute all remaining soap supplies with Choiseul as priority focus	UNICEF Gizo	NOW
		Increase monitoring of partners to ensure impact and effectiveness of health promotion messages	UNICEF Gizo	NOW
<b>Water</b>	15. As WATSAN partners begin to withdraw from the affected areas, maintain a long-term presence to ensure the vital rehabilitation work continues	Continue to provide targeted support to and through RWSS Continue to maintain link between WATSAN and the Education Sector	UNICEF Gizo	During 2008
<b>Sanitation</b>	16. Focus sanitation interventions on schools and clinics to ensure SPHERE standards achieved	Ensure appropriate latrines are built (pour flush)	UNICEF Gizo	NOW
<b>Child Protection</b>	17. Engage more vigorously on protection issues in Choiseul and Western Provinces – particularly in association with logging camps	Develop relations with SIG Ministries for Forestry and Mining to strengthen codes of practice for logging and mining companies	UNICEF Honiara	During 2008
		Undertake advocacy and monitoring in logging camps and nearby villages		During 2008

THEME	RECOMMENDATION	ACTION	WHO LEADS?	WHEN
	18. Consider interventions which may assist mothers to recover from trauma more quickly	Parents should be encouraged to attend SPA programmes wherever possible  Workshops should be conducted to encourage and assist parents in parental care after any disaster	UNICEF Honiara/ Gizo/Suva	Future emergency
	19. Ensure a monitoring and reporting system of Community Welfare Volunteers is in place so that communities can report back to the provincial office on what has been received or what volunteers have been doing		UNICEF Honiara/ Gizo/Suva	During 2008
	20. Undertake further analysis of SPA interventions to improve linkage with restarting schooling	Conduct focus group discussions with former SPA volunteers and teachers to assess strengths and weaknesses of SPA concept	UNICEF Honiara	During 2008
	21. Ensure total SPA coverage of all areas	Actual site assessments should be done to verify local data on school locations to ensure that communities without schools also have SPA established	UNICEF Suva	Future emergency
	22. When establishing SPAs involve teachers first as they have a closer connection to children than youth volunteers - youth volunteers can support and assist teachers		UNICEF Suva	Future emergency
<b>Child Protection/ Education</b>	23. Consider support for mainstreaming information on disaster prevention and response into the national school curriculum	Explanations in simple language or pictures will help to ease fears and help families (through their children) to deal with another earthquake or tsunami	UNICEF Suva	Current programming
<b>HIV</b>	24. Provide immediate and sustained material and technical support and training to frontline health service providers in Taro, Sasamunga and Gizo hospitals and clinics	Assess additional equipment needs  Assess training needs	UNICEF Honiara	NOW  NOW
	25. Ensure that the Honiara-based HIV officer is given opportunity to travel extensively to priority areas in Solomon Islands (particularly Gizo, Shortland Islands and Choiseul)		UNICEF Honiara	During 2008

THEME	RECOMMENDATION	ACTION	WHO LEADS?	WHEN
	26. Establish a medium term presence in Choiseul Province staffed by 2-3 UNICEF officers (1 team leader, 1 health, 1 education) and build HIV/AIDS prevention into the key rationale for maintaining that sub-office	Provide HIV educational materials and supplies (leaflets, posters, condoms)	UNICEF Suva	During 2008
	27. Carry out a thorough risk analysis and baseline survey of HIV incidence and attitudes in Solomon Islands focusing on high risk and vulnerable communities in Western and Choiseul Provinces	In partnership with national and provincial health authorities	UNICEF Suva/ Honiara	During 2008
	28. Ensure that UNICEF Pacific's HIV and AIDS Programme is tasked to assess and identify HIV issues and appropriate measures for response at the onset of a declared emergency		UNICEF Suva	Future emergency
	29. Ensure that within the early part of the initial response an HIV officer is deployed to identify key contact points and develop an appropriate strategy for ensuring HIV messages have the desired impact		UNICEF Suva	Future emergency
	30. Clarify who is responsible in the field for progressing HIV issues in emergencies and establish clear lines of communication between the field and technical expertise in the multi-county office in Suva		UNICEF Suva	Future emergency
<b>Emergency Preparedness (General)</b>	31. Ensure UNICEF Pacific staff receive more detailed training in emergency response and management (and receive regular refresher training)	Identify and train a core group of staff across UNICEF Pacific Provide opportunities for Operations staff to 'experience' emergency priorities	UNICEF Suva	During 2008 and ongoing
	32. In coordination with other regional agencies, develop a longer-term emergency response and management capacity building programme for national partners especially in Pacific Island Countries at high risk of natural disasters		UNICEF Suva and other partners	During 2008 and ongoing

THEME	RECOMMENDATION	ACTION	WHO LEADS?	WHEN
	33. Governments and humanitarian agencies working across the Pacific must harmonize emergency data collection tools and streamline information management systems in declared emergencies	Follow-up recommendations made at the initial Information Management in Emergencies Sub-Regional Workshop held in November 2007	UNICEF Suva and other partners	During 2008 and ongoing
	34. Develop emergency roster of people with emergency/and or Pacific experience	Request Sample TORs from NYHQ or EAPRO Identify any specific skills relevant for the Pacific Identify candidates (or roster) Send regular newsletters to members of roster to keep them current on UNICEF priorities	UNICEF Suva	During 2008
	35. Pre-position increased quantities of medical emergency kits, school-in-a-box kits, Kindy Kits, Recreation Kits, tents, safety equipment, buckets, blankets, and office set-up kits (see below) within the region	Identify appropriate major hub and minor hub pre-positioning points within region – arrange warehousing accordingly	UNICEF Suva	During 2008
	36. Consider distribution of blankets in the first 72 hours as a standard protocol in most emergencies in the Pacific and pre-position supplies accordingly	Preposition supplies of appropriate lightweight blankets	UNICEF Suva	During 2008
	37. Establish emergency supply agreements for key items in advance	UNICEF Pacific with support from UNICEF Supply Division (Copenhagen, Denmark) and UNICEF Regional Office (Bangkok, Thailand) should set up procurement agreements with supply centres in Australia and New Zealand	UNICEF Suva	During 2008
	38. Map shipping routes and pre-identify preferred transport options for various emergency scenarios		UNICEF Suva	During 2008
	39. Develop common standards and approaches with NGOs and other assistance providers that ensure beneficiaries are adequately consulted and informed on which emergency assistance providers are helping them and what their entitlements are	Consider the use of contribution agreements and memoranda of understandings with local communities as a means of improving accountability and transparency. Consider the inclusion of posters and information pamphlets in local language and/or English which provide basic information about UNICEF to affected communities	UNICEF Suva	During 2008

THEME	RECOMMENDATION	ACTION	WHO LEADS?	WHEN
	40. Review each of the CCCs against risk profile of Pacific countries		UNICEF Suva	During 2008
	41. Carry out epidemiological research to assess the greatest risks in the individual context of the 14 UNICEF Pacific countries and inform disaster preparedness planning		UNICEF Suva	During 2008
	42. Provide assistance for coordination, storage and effective distribution medical supplies in large scale emergencies	Prepare TOR for medical supplies specialist Identify suitable candidates for emergency roster	UNICEF Suva	During 2008
	43. Review Emergency Focal Point system to improve effectiveness	Identify EFP replacement if EFP is deployed to field	UNICEF SUVA	During 2008
<b>Funding</b>	44. Ensure that a clear budget is developed from the outset based firmly on the priorities identified in the Emergency Management Plan		UNICEF Suva	Future emergency
	45. Financial management in UNICEF's internal accounting systems (ProMs) should be structured on the Emergency Management Plan Results Matrix		UNICEF Suva	Future emergency
	46. Develop and continuously update a Supply Plan in accordance with the Emergency Management Plan and supply monitoring		UNICEF Suva	Future emergency
<b>OPERATIONS AND MANAGEMENT</b>				
<b>Supplies and logistics</b>	47. Ensure all staff are familiar with supply requisition requirements – if necessary, provide rapid refresher (for existing staff) and orientation for all new staff at the onset of a declared emergency and as new staff are mobilized		UNICEF Suva	Future emergency
	48. Ensure a dedicated Logistics and Supply Officer is mobilized as part of the initial response team and develop clear staff replacement timetable to maintain logistical expertise through the first six months of an emergency response (depending on scale and duration of supply management required)		UNICEF Suva	Future emergency

THEME	RECOMMENDATION	ACTION	WHO LEADS?	WHEN
	49. Monitor the performance of implementing partners to ensure that results of interventions meet UNICEF's desired targets and international standards	Continue to recognise and utilise the strengths of UNICEF partner organizations but do not accept their limitations – invest more heavily in monitoring distributions if there is potential of ineffective implementation or inequitable distribution  At the very least require that implementing partners are required to present receipt of goods to ensure they have reached the communities	UNICEF Suva	Future emergency
<b>Rapid Field Office Set-Up</b>	50. Develop a field office set-up kit and pre-position accordingly for rapid deployment in Pacific	Learn now from what it has taken to set up the Gizo Field Office and set a minimum standard for UNICEF operations  Train staff in its set-up and work to deadline (eg. 48 hours)	UNICEF Suva	During 2008
	51. Develop standby arrangement with IT and Communications firm to allow rapid set-up and servicing of basic field office equipment and communications		UNICEF Suva	During 2008
<b>Security and Safety</b>	52. Ensure a rapid security and safety assessment is completed as the first task of the first UNICEF staff member to be deployed	This can then be written up as a one page security brief to be emailed to any staff or consultants being deployed, or could form an annex to contract of any consultants	UNICEF Suva	Future emergency
	53. Prepare and store marine safety kits for rapid deployment with the emergency response team	Pre-position marine safety kits with other pre-positioned items	UNICEF Suva	During 2008
	54. Document the security and safety procedures and good practices that currently exist		UNICEF Gizo/ Honiara	NOW
	55. Conduct a thorough safety audit of actual and potential risks in UNICEF Pacific's operating environment and prepare short (1-2 page) context specific risk management plans for all UNICEF offices across the Pacific		UNICEF Suva	During 2008
	56. Ensure new staff, consultants and seconded UNICEF staff are briefed on operations, safety and security <i>before</i> deployment (also allows opportunity for internal relationship building and training in UNICEF Pacific		UNICEF Suva	During 2008

THEME	RECOMMENDATION	ACTION	WHO LEADS?	WHEN
	policies, procedures)			
	57. UNICEF should request incident reports from NGOs and use these experiences to examine their own level of preparedness for similar incidents		UNICEF Gizo/ Honiara/ Suva	NOW and in Future Emergency
	58. Ensure debriefing is conducted as a matter of course and staff are given the opportunity and encouraged to receive counselling if they have been involved in critical incidents, under prolonged stress or would otherwise benefit		UNICEF Suva	Future emergency
	59. Ensure safety and security items receive priority in the procurement process		UNICEF Suva	Future emergency
<b>Human resource deployment</b>	60. Deploy people and resources as far into the field as possible and as early as possible	Establish field office in Taro with immediate effect (two to three UNICEF staff)	UNICEF SUVA	During 2008
	61. Avoid remote management and devolve operational decision-making as far as possible to field staff	Develop new systems and attitudes to encourage local decision-making	UNICEF SUVA	During 2008
	62. Reduce the number of visits from the Multi-country office into the field (especially in emergency phase) and increase the duration of those visits that do occur	Monitor trip length and query excessive short term travel	UNICEF SUVA	During 2008
<b>Coordination</b>	63. Provide executive support to local government to facilitate their leadership and ownership of emergency preparedness, assessment and response activities	Consult key local government partners on <b>who</b> they need to be more effective now (or in future emergency)	UNICEF Gizo	NOW
		Incorporate into current preparedness proposal	UNICEF SUVA	NOW
		Draft TORs for Provincial Government executive support/liaison roles	UNICEF Suva (Gizo and Honiara input)	During 2008
		If still required, recruit for positions for current emergency	UNICEF Suva	NOW
	64. Provide material assistance to support local government's leadership and ownership of emergency preparedness,	Consult key local government partners on <b>what</b> they need to be more effective now (or in future emergency)	UNICEF Gizo UNICEF Honiara	During 2008

THEME	RECOMMENDATION	ACTION	WHO LEADS?	WHEN
	assessment and response activities	Formalise standard operational procedures that allow field office to provide appropriate material assistance to local government authorities where required	UNICEF Suva	During 2008
<b>Training during emergencies</b>	65. Consider reducing the number of training workshops and increase opportunities for targeted on-the-job training towards individual needs	Conduct training needs analysis Assess remote learning opportunities	UNICEF Suva	Future emergency
<b>Internal Communication</b>	66. Set up emergency unit in Suva country office at onset of emergencies with representation from senior management, finance, supply, PAPE and Programme	Ensure emergency unit is staffed with effective, trained staff who are not required to travel from Suva too frequently	UNICEF SUVA	Future emergency
	67. Provide guidance and on-the-job training and reminders on teamwork and giving and receiving feedback		UNICEF SUVA	Future emergency
	68. Encourage cross-department exchanges and rotations and exchanges		UNICEF SUVA	Future emergency
<b>Finance and Administration</b>	69. Ensure all staff are familiar with financial procedures – if necessary, provide rapid refresher (for existing staff) and orientation for all new staff at the onset of a declared emergency and as new staff are mobilized		UNICEF SUVA	Future emergency
	70. Identify additional staffing resources to assist in operational areas (eg. finance) as soon as a large emergency occurs		UNICEF SUVA	Future emergency
	71. In emergencies, document when procedures are not being followed (Note for the Record) but nevertheless proceed if requests will otherwise be delayed due to inadequate paperwork at the time of request		UNICEF SUVA	Future emergency
	72. Ensure there are clear contact points for decisions and approvals		UNICEF SUVA	Future emergency
	73. Review work processes in key operational areas and fine-tune for emergencies	Develop TOR for internal review team and identify members Identify facilitator Agree on process	UNICEF Suva	During 2008

<b>THEME</b>	<b>RECOMMENDATION</b>	<b>ACTION</b>	<b>WHO LEADS?</b>	<b>WHEN</b>
	74. Assess the Contract Review Committee process to develop supply agreements for rapid purchasing of equipment in an emergency	Identify blocks, excessive workloads, inefficiencies or other constraints to efficient support to the field	Internal review team	During 2008
	75. Implement standards of excellence in field support and sanctions for poor performance		UNICEF SUVA	During 2008
	76. Monitor junior staff in key operational areas (travel, finance, administration) to ensure timely and devolved decision-making is encouraged through-out the organisation		UNICEF SUVA	Future emergency

# ANNEX 1: TERMS OF REFERENCE

## 1. Background

Solomon Islands have a sea area (encompassed by its 200 nautical-mile EEZ) of 1.34 million km<sup>2</sup>. The islands that make up the nation-state extend over a distance of 1,700 kilometres from Papua New Guinea's island of Bougainville in the north-west, to Vanuatu in the south-east. The most populated province in Solomon Islands is Malaita with 122,620 by 1999. Western province is second with 62,739 and Guadalcanal, third with only 60,275. The least populated province is Rennell-Bellona with only 2,377.

On Monday April 2<sup>nd</sup> an 8.1-magnitude earthquake struck the Solomon Islands damaging houses and buildings and triggering a damaging local tsunami less than 5 minutes later. The quake was the biggest to hit the Solomon Islands since 1900. According to the US Geological Survey (USGS), the shallow quake, some six miles below the sea floor, was centered some 25 miles (45 km) south-southeast of the island of Gizo, New Georgia Islands in the Western Province and located some 220 miles (350 km) northwest of the capital, Honiara. At least 36,588 people and 6,299 homes were affected in Western and Choiseul Provinces. The National Disaster Management Office also confirmed: 52 deaths; 40 people injured; 304 communities affected; 3,251 houses destroyed; and 3,047 houses were damaged.

UNICEF established a small temporary office in one of the rooms of the Gizo Hotel to coordinate response activities in affected areas and liaise with the UNICEF Offices in Honiara and Suva.

There is need to look at UNICEF's headquarters, regional and country offices' relief and recovery activities in the Solomon Islands. This will contribute to UNICEF's overall commitment to accountability and improved performance. The evaluation will document lessons learned and provide recommendations for the country programme and for UNICEF emergency response and recovery programme in general.

## 2. Purpose of Assignment

UNICEF Pacific plans to launch an evaluation of UNICEF's activities during the emergency and relief phase in Solomon Islands. The overall purposes of the evaluation are to:

- identify major achievements during the emergency response and recovery phase (from 2 April 2007 to 1 June 2007) and during the initial reconstruction and rehabilitation phase (June 2 to September 30) including impact on beneficiaries;
- note of any constraints and gaps in that response; and
- identify suggestions for better response for similar situations in the future and potential policy implications for the future.

## 3. Qualifications or Specialized Knowledge/Experience Required

- Extensive work experience on post emergency evaluation work
- Sound knowledge on the situation in the Pacific
- Excellent participatory evaluation and research skills to obtain required information
- Superior analytical and writing skills
- Excellent communication skills
- Previous work experience with UNICEF desirable.

## 4. Scope of Work

The evaluation will endeavour to highlight best practice as well as shortcomings, for dissemination within and outside UNICEF. In this regard, the evaluation will place major emphasis on the following themes and criteria.

### 1) UNICEF's core commitments for children in emergencies

These core commitments cover:

- a) overall humanitarian response, including operational approach, rapid assessment and coordination
- b) programme commitments in health and nutrition, water, sanitation and hygiene, child protection and education, and HIV and AIDS
- c) operational commitments, including security, planning, monitoring, fundraising, communications, human resources, information technology, supply and logistics, finance and
- d) administration organizational preparedness and support, at all levels including regional, country-office and headquarters.

## 2) Lessons pertinent to emergency response

The above themes will be examined from the perspective of the OECD/DAC criteria for evaluating humanitarian action: relevance/appropriateness (including timeliness), efficiency, effectiveness, impact, sustainability and connectedness, coverage, and coherence.

## 3) Overall responsiveness

What has been achieved by UNICEF? In what sectors? Where? (*impact, coverage*) Who benefited and how (including from the viewpoint of intended beneficiaries)? Were the 'right' people reached? Were efforts made to ensure that vulnerable groups were not overlooked? (*impact, coverage*) Was UNICEF's overall response *appropriate* and *timely*? Was it *coherent and connected* (i.e. with appropriate coordination, functional/geographic coherence, long term and policy/practice issues addressed)? Did UNICEF achieve its results and targets (see Results Matrix in Emergency Plan) within established timeframes? If not, why not? What were the major strengths and weaknesses of UNICEF's response to date?

## 4) Adherence to international principles and standards

Did UNICEF's performance meet international principles and standards (Code of Conduct, Sphere, and IASC Code)? Were local people involved in the response? What was their perception of UNICEF's response and its impact? Were local capacities and disaster-preparedness capacities strengthened? To what extent did UNICEF work with national and provincial governments and align itself with government commitments and responses to the emergency? To what extent and with what result did UNICEF Pacific itself promote and engage in inter-regional cooperation and advocate for inter-agency cooperation among government, NGO and international agencies? How have human resources been managed, led, supported?

## 5) Use of funds

How much money did UNICEF allocate, and spend, and where and on what? Was this reflected in programme plans? Did UNICEF add value to the overall response? Was the allocation of funds/spending in line with the needs of those affected? Were UNICEF's interventions cost-effective?

## 6) Learning

Is there evidence that UNICEF has learned from the response, and shared lessons from this and previous disasters? How well did UNICEF Pacific apply lessons learned from previous disasters including the Indian Ocean tsunami? Does UNICEF have effective systems in place to monitor, evaluate, learn and adapt from its ongoing work? What are the main lessons acquired to date on how performance can be improved and risks mitigated?

## 5. Evaluation Team and Steering Committee

It is envisaged that there will be a **Technical Evaluation Team** consisting of the following:

- 2 External Consultants
- Government counterparts (National and Provincial)
- PAPE M&E Officer
- UNICEF Emergency Management Plan Team Leader (in Gizo) and field staff/consultants in Gizo/Choiseul.

Under the management of the PAPE M&E Officer, the **Technical Evaluation Team** will be responsible for:

- Facilitating involvement of key stakeholders to discuss and review the evaluation's purpose and design

- Establishing a detailed workplan (training of additional data collectors if necessary, testing of tools, key meetings and interviews, field visits, samples, etc.)
- Facilitating logistics support as necessary ensuring local actors (authorities, leaders, IDP camps, villages, schools, etc.) are prepared enough to receive the evaluation team
- Establishing procedures for reporting and resolution of any incidents of negative interaction with primary stakeholders, local communities, authorities, both from the perspective of security of the team and ethical practices/protection of participants
- Monitoring the degree to which stakeholders are involved as compared to that planned
- Facilitating access to relevant people during the evaluation **before and during** the evaluation
- Ensuring good communication to stakeholders about the evaluation to build and maintain interest, understanding and willingness to participate
- Ensuring stakeholders are sufficiently consulted to validate and create ownership of conclusions and to ensure relevant actionable recommendations.

The **Technical Team** will report to a **Steering Committee** consisting of

- Government Counterparts (National)
- Chief of Policy Analysis, Planning and Evaluation
- Chief of Field Office Solomon Islands and Honiara staff (as relevant)
- Chief of Field Office Vanuatu
- Chief of Field Office Kiribati
- Other UN agency and NGO representatives (as appropriate)
- UNICEF Programme Staff (including EAPRO and Suva Area Office).

The **Steering Committee** will be responsible for:

- Monitoring progress of the evaluation (vis-à-vis key dates in the workplan)
- Reviewing key data collection tools, provide comments as necessary
- Assessing the evaluation results and reviewing preliminary drafts of evaluation report
- Attending any key consolidation meetings with stakeholders
- Reviewing final draft and coordinate clearance
- Defining and refining the dissemination strategy to ensure evaluation report or other products are disseminated to key potential users in a timely fashion
- Organize, facilitate debriefing sessions with key stakeholders
- Ensure that stakeholders meet to discuss implementation of relevant recommendations and planned follow-up.

## 6. Evaluation Methodology

The overall methodology for this participatory evaluation will include:

### 6.1. Desk Review:

A desk review of existing documents and materials including strategy documents, plans, proposals, monitoring data, mission reports, previous UNICEF evaluations that focus on emergency response, and interagency exercises such as the Tsunami Evaluation Coalition. A reading list will be provided to the successful applicants.

### 6.2. Field visits Suva, Honiara, Gizo and Sasamunga in Solomon Islands.

Field visits will include:

- an initial introduction meeting with the UNICEF management and staff
- discussions with stakeholders about evaluation design and tools with final submission to UNICEF and stakeholders for rapid approval
- interviews with key personnel, partners, officials visits to selected project sites/areas
- 'end of visit' debriefing to share broad findings with senior UNICEF staff and note their comments.

### 6.3. Interviews

'Beneficiary' views should be gathered from Western Province and Choiseul Province, the purpose being to elicit feedback from local people about UNICEF's performance in the disaster response.

### 6.4. Preparation of first draft report

Submission of a first-draft evaluation report to EAPRO for distribution to a select number of stakeholders for factual corrections and other feedback.

### **6.5. Review Workshop**

A review workshop will be held in Honiara, led by the Technical Evaluation team, to discuss substantive issues emerging from the first draft with the Steering Committee and other stakeholders.

### **6.6. Second draft**

Incorporation of comments and production of second draft.

### **6.7. Final Report**

Sign-off and submission to UNICEF Pacific, EAPRO and UNICEF's Evaluation Office.

## **7. Deliverables**

1. First draft report by 9 November 2007.
2. Second and final draft incorporating comments/feedback from key stakeholders 16 November 2007.

The Consultants will be supervised by the PAPE M&E Officer.

## **8. Payment Schedule**

Upon signing of the contract the Consultants will receive 10% of consultancy fees

Submission of the first draft - 40%

Second and final draft - 50%

**UNICEF will organize all travel to Fiji (if required) and to Solomon Islands and within Solomon Islands.**

## **9. Timeframe**

It is anticipated that the evaluation will cover a period of five weeks or 25 **working days** commencing October 15 to November 16. Details are presented below

### **Week 1**

- Team arrive in Suva for briefing
- Team arrive in Honiara for briefing
- Desk Review (Consultants / team members)
- Final evaluation and tool design for stakeholder approval

### **Weeks 2-3**

- Field Visit and data collection in Western and Choiseul Provinces
- Interviews with official service providers and representatives of partner agencies
- Interview with beneficiaries in ALL affected areas (Western and Choiseul)

### **Week 4**

- Team debrief on findings in Honiara
- Preparation of first draft report
- Workshop in Honiara to present findings.

### **Week 5**

- Circulation of draft report for comments
- Preparation and submission of second and final evaluation report.

## UNICEF staff will be allocated by particular section or counterpart to follow up with and report back to Consultants.

## ANNEX 2: EVALUATION TIMETABLE

<b><u>Monday 22<sup>nd</sup> October</u></b>	Briefing at UNICEF offices Suva, Fiji.
<b><u>Tuesday 23<sup>rd</sup> October</u></b>	Travel to Honiara Briefing UNICEF offices Honiara
<b><u>Wednesday 24<sup>th</sup> October</u></b>	Briefing UNICEF offices Honiara Meeting with key stakeholders
<b><u>Thursday 25<sup>th</sup> October</u></b>	Briefing UNICEF offices Honiara Meeting with key stakeholders
<b><u>Friday 26<sup>th</sup> October</u></b>	Briefing UNICEF offices Honiara Meeting with key stakeholders, Workshop on Evaluation Methodology with UNICEF staff
<b><u>Saturday 27<sup>th</sup> October</u></b>	Document review
<b><u>Sunday 28<sup>th</sup> October</u></b>	Document review
<b><u>Monday 29<sup>th</sup> October</u></b>	Travel to Gizo, Western Province Briefing UNICEF office, Gizo Meeting with key stakeholders
<b><u>Tuesday 30<sup>th</sup> October</u></b>	Meeting with key stakeholders, Gizo
<b><u>Wednesday 31<sup>st</sup> October</u></b>	Site visit to Rendova Harbour and Mandali Village
<b><u>Thursday 1<sup>st</sup> November</u></b>	Courtesy call to Premier and PS, Western Province Site visit to Vella (Leon/Irigili) depart 10am
<b><u>Friday 2<sup>nd</sup> November</u></b>	Meetings with key stakeholders, Gizo
<b><u>Saturday 3<sup>rd</sup> November</u></b>	Site visit to Simbo (Lengana)/Ranogga (Mondo)
<b><u>Sunday 4<sup>th</sup> November</u></b>	Team debrief for Western Province (Scheduled flight to Choiseul unavailable)
<b><u>Monday 5<sup>th</sup> November</u></b>	Team begin to draft Western report Site visit to Gizo Island Camps/Titiana/New Manda/Paelonge/Sitova)
<b><u>Tuesday 6<sup>th</sup> November</u></b>	Meetings with key stakeholders, Gizo
<b><u>Wednesday 7<sup>th</sup> November</u></b>	Travel to Taro, Choiseul Province (Travelled by boat due to airline strike)
<b><u>Thursday 8<sup>th</sup> November</u></b>	Meeting with key stakeholders, Taro Site visit to Salakanau Village Overnight at Ngarione Village
<b><u>Friday 9<sup>th</sup> November</u></b>	Site visit to Puzivae and Sasamunga
<b><u>Saturday 10<sup>th</sup> November</u></b>	Site visit to Solowae camp consultations Team debrief for Choiseul
<b><u>Sunday 11<sup>th</sup> November</u></b>	Team debrief for Choiseul (Honiara flight cancelled due to bad weather)

<b><u>Monday 12<sup>th</sup> November</u></b>	Report writing/data analysis in Taro with HIV/AIDS staff Consultation at Taro Hospital (Honiara flight cancelled due to bad weather)
<b><u>Tuesday 13<sup>th</sup> November</u></b>	Flight back to Honiara Report writing
<b><u>Wednesday 14<sup>th</sup> November</u></b>	Data analysis/Report writing
<b><u>Thursday 15<sup>th</sup> November</u></b>	Data analysis/Report writing
<b><u>Friday 16<sup>th</sup> November</u></b>	Data analysis/Report writing
<b><u>Saturday 17<sup>th</sup> November</u></b>	Data analysis/Report writing
<b><u>Sunday 18<sup>th</sup> November</u></b>	Data analysis/Report writing
<b><u>Monday 19<sup>th</sup> November</u></b>	Data analysis/Report writing
<b><u>Tuesday 20<sup>th</sup> November</u></b>	Data analysis/Report writing
<b><u>Wednesday 21<sup>st</sup> November</u></b>	Preparation for review meeting
<b><u>Thursday 22<sup>nd</sup> November</u></b>	Review meeting Administration
<b><u>Friday 23<sup>rd</sup> November</u></b>	Administration/Data analysis/Report writing Evaluation complete. (Final draft report submitted on Tuesday 4 December)

## ANNEX 3: UNICEF'S CORE COMMITMENTS FOR CHILDREN IN EMERGENCIES

Table 3: UNICEF's Core Commitments for Children in the Initial Response (usually 6-8 weeks)

1. **Assess, monitor, report and communicate on the situation of children and women:** conduct a rapid assessment, including on severe or systematic abuse, violence or exploitation, and report through the appropriate mechanisms.
2. Provide **measles vaccination, vitamin A, essential drugs and nutritional supplements:** vaccinate children between 6 months and 14 years of age against measles, providing vitamin A supplementation as required. Provide essential drugs, basic and emergency health kits, oral rehydration, fortified nutritional products and micronutrient supplements. Provide post-rape-care kits, including post-exposure prophylaxis for HIV, where appropriate. Provide other emergency supplies such as blankets, tarpaulins, etc.
3. Provide **child and maternal feeding and nutritional monitoring:** with the World Food Programme (WFP) and NGO partners, support infant and young child feeding, therapeutic and supplementary feeding. Introduce nutritional monitoring and surveillance.
4. Provide **safe drinking water, sanitation and hygiene:** emergency water supply and purification, provision of basic family water kits, safe disposal of faeces and hygiene education.
5. Assist in **preventing the separation** and facilitate the **identification, registration and medical screening of children separated** from their families; ensure family tracing systems are put in place and provide care and protection; and **prevent sexual abuse and exploitation** of children and women.
6. Initiate the **resumption of schooling** and other child learning opportunities: set-up temporary learning spaces and re-open schools, start re-integrating teachers and children (with a focus on girls), and organize recreational activities.

**Table 4: UNICEF's Core Commitments for Children after the Initial Response (up to and beyond six months)**

Once the initial emergency response is well established, other activities may be introduced to address other elements of the CCCs, as the situation evolves:

**Monitoring and advocating on the situation of children:**

- ensure that information on the situation of children and violations of their rights is collected and updated;
- make available this information to relevant partners, child rights advocates, the public and media, as appropriate;
- use UNICEF's voice on behalf of children.

**Survival:**

- expand support to vaccination and preventive health services;
- support infant and young child feeding, including breastfeeding and complementary feeding and, when necessary, support therapeutic and supplementary feeding programmes;
- establish, improve and expand safe water and sanitation facilities and promote safe hygiene behaviour

**Organizing Child Protection:**

- continue to identify and register unaccompanied and orphaned children, and support communities to provide for their protection and care;
- establish child friendly spaces and provide psychosocial support;
- monitor, report on and advocate against abuse and exploitation of children including recruitment of child soldiers and other exploitative forms of child labour;
- initiate work on the release and reintegration of child combatants;
- promote activities that prevent and respond to sexual violence against children and women;
- lead in the organization of mine risk education.

**Resuming primary education services:**

- re-establish and/or sustain primary education as well as establishing community services within schools (such as water supply and sanitation).

**Preventing HIV and AIDS:**

- provide access to relevant information on HIV and AIDS using the three primary prevention methods (ABC);
- in collaboration with relevant partners facilitate young people's access to comprehensive HIV prevention services including treatment for sexually transmitted infections.

## ANNEX 4: NOTES AND RECOMMENDATIONS FROM VILLAGE AND CAMP CONSULTATIONS

### WESTERN PROVINCE

Village	Village/camp Notes	
	Women	Men
Irigila Village, Vella La Vella	<ul style="list-style-type: none"> <li>Better quality water containers</li> <li>Family survival kit that includes buckets</li> <li>Water supply not functioning</li> </ul>	<ul style="list-style-type: none"> <li>Discuss the delivery system to figure out if there is a possibility that supplies can directly delivered to the beneficiaries rather than channelling through NGOs or any other organizations</li> <li>Organizations need to do a brief and clear introduction of their specific assigned areas of response</li> </ul>
Lengana Village, Simbo	<ul style="list-style-type: none"> <li>Need to include kits for secondary school students</li> <li>Have a more inclusive programme to include mothers</li> <li>Should conduct workshops to encourage parents in parental care after disaster</li> <li>Need to involve teachers first as they are more liked to children, then volunteers can help teachers</li> </ul>	<ul style="list-style-type: none"> <li>Conduct disaster preparedness programmes in a form of awareness for children</li> <li>There should be a quick assessment carried out after an occurrence of any disaster as such to get accurate date of how many in need of support and what short of help</li> <li>There should be a system in placed form which a community can report back to the provincial office of what have received</li> </ul>
Mandali, Rendova	<ul style="list-style-type: none"> <li>Malaita Settlement - Due to cultural barrier, women were not comfortable to share their perspectives</li> </ul>	<ul style="list-style-type: none"> <li>The community recommended that fast and rapid response is needed whenever a disaster strikes</li> </ul>
Rendova Harbour	<ul style="list-style-type: none"> <li>Malaita Settlement - Due to cultural barrier, women were not comfortable to share their perspectives</li> </ul>	<ul style="list-style-type: none"> <li>The families recommend that should there be any disaster as such in the future it is good that whatever is supply must be enough for those affected</li> </ul>
New Manda, Gizo	<ul style="list-style-type: none"> <li>Gilbertese - Due to cultural protocol, No women perspective were received</li> </ul>	<ul style="list-style-type: none"> <li>Continuously assist with necessary supplies until people fully recovered</li> <li>In terms of water tanks a 1000 gallons tank is a recommended size for four families to cater for their daily use</li> <li>The toilet system needs improvement since dry pit system as such is not suitable for more families to use. A proper pour flush latrine system is recommended</li> <li>Enough tents and tarps for the affected families is also recommended</li> <li>In terms of medical supplies the establishment of a health care centre is recommended</li> </ul>
Titiana Camp, Gizo	<ul style="list-style-type: none"> <li>Gilbertese - Due to cultural protocol, No women perspective were received</li> </ul>	<ul style="list-style-type: none"> <li>The families recommend that during such a disaster it is best to send out somebody to do a quick assessment first to find out how many are victimized and in need of what short of assistance. They were saying by doing that nobody who is a victim of such a disaster would have left without receiving any disaster response supplies.</li> <li>Timely supply is recommended</li> </ul>

		<ul style="list-style-type: none"> <li>The families also recommend permanent shelters as tarpaulins do not last long especially during bad weather and also is too hot during the day</li> </ul>
Paelonge/ Sitova Camp, Gizo	No women's perspective were obtained here	<ul style="list-style-type: none"> <li>Play Safe Area was reported to be really helpful for children. As children engaged playing in their Play Safe Area they were quick to mentally recover from the effects of the disaster.</li> <li>Participants expressed their appreciation of the UNICEF's respond to the children's education in terms of the emergency education response that allows them to continue education until the schools resumed normal classes after the interruption of the disaster</li> </ul>

### CHOISEUL PROVINCE

Village	Village/camp Notes	
	Women	Men
Sasamunga	<ul style="list-style-type: none"> <li>Health workers must make efforts to get to the camps (vaccination)</li> <li>Tents should arrived earlier</li> <li>Need to give enough vitalita and soap to every body</li> <li>Treat Choiseul as a Province of its own by not channelling supplies via Gizo</li> <li>Need to involve community leaders in sharing the relieve supplies</li> </ul>	<ul style="list-style-type: none"> <li>Should pick those from village to help put up the tents or tanks rather than picking somebody from outside to do the job</li> <li>UNICEF should establish its office at Taro</li> <li>Should also provide desks, tables and black board with the school tents</li> </ul>
Salakanau	<ul style="list-style-type: none"> <li>Treat this Province direct from Honiara not via Gizo</li> <li>Supplies must arrive as quickly as possible</li> </ul>	<ul style="list-style-type: none"> <li>Discuss any possibilities for permanent school buildings rather than tents. And also desks must come with the buildings</li> <li>Should provide students with school uniforms as well</li> <li>Consult the village leaders not the school teachers only because some of the teachers from other places</li> <li>Quick response is needed not after few months before received supplies</li> <li>Discuss if UNICEF can deliver the supplies direct to the affected villages rather than sending them through other groups</li> <li>For installation of any village assistance such as tents or toilet facilities should be encouraged to be done by the village members</li> </ul>
Solowae	<ul style="list-style-type: none"> <li>Need water supply</li> <li>School is too far therefore need school in the village</li> <li>Need to organize the village leadership system</li> </ul>	<ul style="list-style-type: none"> <li>UNICEF should assist every single villages affected with every possible supply, not just the bigger villages or only those with schools</li> <li>UNICEF should work together only not with the Provincial Education Office but also the Provincial Disaster Office. The villagers believe that by working only through Education Authority this will mean only the children in the villages that have schools will mostly benefit or have a chance to receive assistance</li> </ul>

## ANNEX 5: PERSONS CONSULTED

Dr Isiyé Ndombi	Representative, UNICEF Pacific
Mr Tim Sutton	Deputy Representative, UNICEF Pacific (Telecon)
Dr Kamrul Islam	Chief of Integrated Child Health and Development, UNICEF Pacific
Dr Robyn McIntyre	EPI Specialist, UNICEF Pacific
Ms Mereia Carling	Child Protection Officer, UNICEF Pacific
Dr Rosana Sa'aga-Banuve	HIV/AIDS Team, UNICEF Pacific
Dr Will Parks	Chief of Policy, Advocacy, Planning and Evaluation (PAPE), UNICEF Pacific
Ms Asenaca Vakacegu	Monitoring and Evaluation Specialist, PAPE, UNICEF Pacific
Mr Prem Subba	Operations Manager, UNICEF Pacific
Mr Aaron Olofia	Director of Social Welfare Division, MHMS
Mr Fred Fakari	Permanent Secretary of Home Affairs
Dr Junilyn Pikacha	Director of Reproductive and Child Health, MHMS
Ms Katherine Gilbert	Officer in Charge, UNICEF Pacific - Solomon Islands
Mr Stefan Knollmeyer	Second Secretary, AusAID
Ms Ethel Sigimanu	Permanent Secretary, Ministry of Women, Youth, Children's Affairs (MWYCA)
Ms Stella Maebiru	Development Services Exchange
Ms Christina Mitini	Save the Children, Australia
Mr Donald Malasa	Under-secretary, Solomon Islands Ministry of Education and Human Resources Development
Ms Amalia Fawcett	UNICEF Child Protection Project Officer, Honiara
Ms Anja Solomon	OXFAM Program Officer
Ms Florence Vasaro	OXFAM Program Officer

### **Western Province**

Mr Thornly Hite	Western Region Project Manager, SCA Gizo
The Hon Alex Lokopio	Premier of Western Province
Mr Arnold Moveni	Provincial Secretary, Western Province
Dr Greg Jallini	Director of Gizo Hospital and Provincial Health services
Ms Moana Moatta	UNICEF WATSAN Officer
Mr Robert Koepp	UNICEF Team leader Gizo
Ms Lois Harvey	UNICEF Education Consultant
Ms Dalcy Sito	Chief Education Officer, Western Province
Mr Robert	Education Supply Officer
Ms Judy Basi	Social Welfare Officer, Western Province
Mr Julian Xhelo	UNICEF Watsan Consultant
Mr Philip Mann	UNICEF Health and Nutrition Consultant
Mr Jonathan	Deputy Provincial Secretary
Ms June	Project Management Unit

### **Choiseul Province**

The Hon Jackson Kiloe	Premier of Choiseul Province
Dr. Henry Daiwo	Director of Health
Mr William Sualalu	Provincial Chief Education Officer

## ANNEX 6: UNICEF PACIFIC 2007 SOLOMON ISLANDS EMERGENCY MANAGEMENT PLAN RESULTS MATRIX

Version 5, June 4<sup>TH</sup> 2007

EDUCATION						
Core Commitment <sup>18</sup>	Results (Targets)	Indicators	Means of Verification	Inputs	Partners	Budget
<b>First Six to Eight Weeks:</b>						
1. <i>Set up temporary learning spaces with minimal infrastructure</i>	<p>There is a transparent coordination mechanism for emergency education activities, including effective information sharing between stakeholders.</p> <p>A timely, gender responsive education assessment of the emergency situation is conducted in a holistic and participatory manner</p> <p>Temporary learning spaces using recreation and play established with the Ministry of Education where schools have been destroyed, damaged or otherwise are inaccessible targeting approximately 7,000 children (At least 30 temporary learning spaces; 50% of school children attending classes) <sup>19</sup></p>	<ul style="list-style-type: none"> <li>▪ National Education Sector Task Force established; number/regularity of meetings</li> <li>▪ Rapid assessment conducted &amp; results widely disseminated in a consolidated report</li> <li>▪ Number of temporary learning spaces established and number of children engaged</li> </ul>	<p>Minutes of meetings</p> <p>Assessment report</p> <p>Reports from Ministry of Education; observations in the field</p>	Technical assistance; school-in-a-box	Ministry of Education, SCF, Social Welfare Division	\$140,000
<b>Beyond Initial Response (longer-term plan to be realized in 6 months):</b>						
2. <i>Reopen schools and start the reintegration of teachers and children by providing</i>	All individuals have access to quality and relevant education opportunities	<ul style="list-style-type: none"> <li>▪ Number of school aged boys and girls accessing formal &amp; NF education</li> </ul>	MOE Reports field observations	TA for ed. assessment and development of	Ministry of Education	\$100,000

<sup>18</sup> **Education Core Commitment 3:** *Re-establish and/or sustain primary education. Provide education and recreation kits and basic learning materials and teacher training.* UNICEF awaiting results of Ministry of Education field assessment before decision on committing resources. **Education Core Commitment 5:** *Establish community services around schools (such as water supply and sanitation), where appropriate.* See **WASH Core Commitment 7** (above).

<sup>19</sup> Temporary Learning Spaces can be considered separate to Safe Spaces in the Child Protection Plan. These spaces will be established in partnership with the Ministry of Education and the Safe Spaces, although part of the transitional model of emergency education, are in partnership with SCF, World Vision and MOE.

<p><i>teaching and learning materials and organizing recreational activities.</i></p>	<p>A framework for an education response is developed including a clear description of the problem and a documented strategy for action, including a detailed work plan for the reopening of schools and the resources required</p> <p>Learning environments are safe and promote the protection and physical/emotional wellbeing of learners</p> <p>Education facilities are conducive to the physical well-being of learners</p> <p>MEHRD prioritises free access for all and enact flexible policies to promote inclusion and education quality</p> <p>Teachers and other education personnel receive relevant and structured training</p> <p>Data based developed and utilized for planning (incl costing) and recovery purposes</p>	<ul style="list-style-type: none"> <li>▪ Status of recovery education implementation plan including infrastructural assessment of affected education buildings available</li> <li>▪ Number of teachers trained in psychosocial concepts</li> <li>▪ Facilities meet minimum requirements for physical well-being</li> <li>▪ National/ Provincial I Policies</li> <li>▪ Number of teachers participating in a structured training plan</li> <li>▪ Education Recovery data base operational within the MEHRD</li> </ul>	<p>Recovery Education Implementation Plan</p> <p>Workshop reports</p> <p>Sentinel site monitoring</p> <p>Policies</p> <p>Teacher Training Plan</p> <p>Education Recovery Data Base</p>	<p>recovery plan; possible support for learning and teaching materials; backpacks for 'back to school' campaign etc.</p>		
<p><b>4. Promote the resumption of quality education activities in literacy, numeracy and life skills issues such as HIV/AIDS, prevention of sexual exploitation and abuse, conflict resolution and hygiene.</b></p>	<p>A child-friendly school approach is an integral part of the Ministry of Education's recovery plan and efforts are undertaken to roll-out the child-friendly school system (CFS approach adopted in 50% of schools undergoing rehabilitation in affected areas)</p> <p>Skills based health education is promoted through formal and NFE, with a particular focus on life skills based HIV</p>	<ul style="list-style-type: none"> <li>▪ Number of schools which apply child friendly school standards</li> <li>▪ Child Friendly School approach integrated within PEO plans</li> <li>▪ Number of young people who participate in Pacific Life Star Training course</li> </ul>	<p>Reports from Ministry of Education; observations from the field</p> <p>Workshop reports and skill based health education materials</p>	<p>Technical assistance on child-friendly school concepts, teacher training etc.</p> <p>Development of skill based health education materials where necessary</p>	<p>Ministry of Education and others</p>	<p>\$150,000</p>

	prevention education  All relevant stakeholders regularly monitor the activities of the education response and the evolving education needs of the affected population	<ul style="list-style-type: none"> <li>Number of young people volunteering as facilitators in Safe Play Spaces</li> <li>Frequency of monitoring reports (incl data base)</li> </ul>	Monitoring & Evaluation reports	Pacific Life Stars Training course for young people		
<b>Total US\$ 390,000</b>						

<b>HEALTH AND NUTRITION</b>						
<b>Core Commitment <sup>20</sup></b>	<b>Results (Target)</b>	<b>Indicator</b>	<b>Means of Verification</b>	<b>Inputs</b>	<b>Partners</b>	<b>Budget</b>
<b>First Six to Eight Weeks:</b>						
<b>1. Vaccinate all children between 6 months and 14 years of age against measles. At a minimum all children from six months through four years of age must be immunized. Along with vaccination, provide vitamin A supplementation as required.</b>	Effective coverage achieved for measles immunisation and vitamin A supplementation campaign (95% of children aged 6 months to five years) <sup>21</sup>	<ul style="list-style-type: none"> <li>% coverage (EPI and Vit A)</li> <li>Measles cases <sup>22</sup></li> </ul>	Rapid Coverage Assessment (EPI) and records of Vit A distribution Provincial Health Records, National CD surveillance	TA, finance, supply	MHMS, WHO	\$50,000
<b>2. Provide essential drugs, emergency health kits, oral rehydration mix, fortified nutritional products and</b>	Clinics in affected areas have adequate drugs to meet initial needs (100% of drugs in-stock at all clinics) Children in affected areas are receiving daily	<ul style="list-style-type: none"> <li>% out-of-stock essential drugs</li> <li>Coverage and use</li> </ul>	Provincial and National Pharmacy reports  Omnibus Measurement	TA, finance, supply, IEC material	MHMS	\$40,000

<sup>20</sup> **Health and Nutrition Core Commitment 3:** Provide other emergency supplies such as blankets, tarpaulins and cooking sets. Red Cross and World Vision have been responsible for main distribution of non-food items.

<sup>21</sup> Final results from coverage report are due week May 28. Topline results suggest coverage is 109%: 8569 children were vaccinated. Target was 7827. Excess likely to problems in assessing age of child when no written records. Vitamin A required further supplementation to 292 children missed during campaign. Coverage data likely to be 100%.

<sup>22</sup> No measles cases have been reported so far.



<b>5. Nutrition monitoring and surveillance reactivated</b>	Nutritional status of children in affected areas is assessed and monitored on a timely, standardized and regular basis	<ul style="list-style-type: none"> <li>Nutrition data collected and assessed at appropriate intervals</li> </ul>	Monthly clinic report and analysis of periodic monitoring data	TA, finance, supply	MHMS, WHO	\$10,000
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Core Commitment	Results (Target)	Indicator	Means of Verification	Inputs	Partners	Budget
<b>Beyond Initial Response (longer-term plan to be realized in 6 months) (continued):</b>						
<b>6. Support the establishment of essential health care services including outreach services, home-based management of childhood illness and emergency obstetric care services, and treatment of malaria, diarrhoea and pneumonia</b> <sup>27</sup>	Clinics in affected areas are meeting essential community needs (100% of clinics in affected areas)	<ul style="list-style-type: none"> <li>Number of cases seen at community and hospital clinics</li> </ul>	Clinic and hospital records	Funding, cold chain assessment, replacement equipment, radios, essential transport <sup>28</sup>	MHMS, WHO	\$50,000
<b>8. Support infant and young child feeding, complementary feeding and, when necessary, support therapeutic and therapeutic feeding programmes</b>	<p><b>Exclusive breastfeeding to 6mths</b> (50% of children 6mths are exclusively breastfed)</p> <p><b>Appropriate complementary feeding given to children 6-24mths</b> (50% of infants 6-24mths fed nutritious complementary foods)</p>	<ul style="list-style-type: none"> <li>% of children exclusively breastfed</li> <li>% infants 6-24 months fed nutritious complimentary food (24 hour recall)</li> </ul>	Reports from health promotion unit; sentinel site monitoring; and follow-up nutritional assessment during final sentinel site monitoring (Sept 07)	Funding, IEC, support nutritionist	MHMS,	\$10,000
<b>9. Provide health &amp; nutrition education, including messages on the importance</b>	<b>High levels of community awareness on health and nutrition and safe motherhood,</b> (75% of young people, mothers and married	<ul style="list-style-type: none"> <li>KAP of sampled population</li> </ul>	Omnibus Measurement Survey mid-end of June; and follow-up nutritional	IEC materials	MHMS, SCF, UNFPA	\$20 000

<sup>27</sup> Emergency obstetric care kits (2 clean delivery, 2 clinical delivery, 2 rape treatment, 2 Post-Exposure Prophylaxis, 2 STI treatment, and 2 autoclaves) provided by UNFPA estimated for 10,000 population for a duration of three months per kit. Also responding partially to **HIV and AIDS Core Commitment 1: Provide post-rape care kits, including post-exposure prophylaxis for HIV where appropriate, to health centres.** Kits already distributed by MHMS Pharmacy to Sasamunga, Gizo, Munda and Taro according to level of need and capability. Support to MHMS for malaria provided by WHO. UNICEF, World Vision and Oxfam involved in health promotion and monitoring use of mosquito nets and latrines, and handwashing. UNICEF monitoring provision of essential health care outreach.

<sup>28</sup> According to MHMS Pharmacy, drugs not needed in recovery phase. MHMS conducting further assessment of facilities and equipment (including radio, transport, staff shelter) over next three weeks during intensified outreach services to determine priority areas for procurement.

of breastfeeding and safe motherhood practices <sup>29</sup>	women)		assessment during final sentinel site monitoring (September)			
<b>TOTAL US\$</b>						<b>\$210,000</b>

<b>WATER, SANITATION, AND HYGIENE</b>						
<b>Core Commitment<sup>30</sup></b>	<b>Results (Target)</b>	<b>Indicator</b>	<b>Means of Verification</b>	<b>UNICEF role</b>	<b>Partners</b>	<b>Budget</b>
<b>First Six to Eight Weeks:</b>						
<b>1. Ensure the availability of a minimum safe drinking water supply (min 15 litres per capita per day) taking into account the privacy, dignity and security of women and girls.</b>	Water supplies meet or exceed minimum SPHERE standards of 15Lpppd (All camps up to >50% of SPHERE standards by eight weeks with indications of repair and supplies to reach 100% by end of six months) <sup>31</sup>	<ul style="list-style-type: none"> <li>Rate of water supplied</li> </ul>	Measurement of flows and camp/village populations	Funding, assessments, technical advice, logistics, WASH engineer	RWSS, SCF, Oxfam, World Vision, AusAID, NZAID <sup>32</sup>	\$120,000
<b>4. Provide soap and disseminate key hygiene messages on the dangers of cholera and other water- and excreta-related diseases.</b>	High levels of community awareness on hygiene; soap needs are met in IDP camps (80% of camps in Gizo have reached SPHERE standards for soap by eight weeks with indications of soap supplies to reach 100% by end of six months in all affected areas); 75% of affected population in WES intervention areas (Gizo, Simbo and Ranonga) have high level of awareness – see Health and Nutrition Core Commitment 9)	<ul style="list-style-type: none"> <li>Soap supplied to minimum standard (250gpppm) in Gizo</li> <li>KAP of sampled population in intervention areas</li> </ul>	Soap and washing facilities delivered and periodic inspection to confirm use Omnibus Measurement Survey mid-end of June	Funding, assessments, education/advice	RWSS, MHMS, Oxfam	\$45,000

<sup>29</sup> UNICEF continuously advocating for appropriate child and maternal feeding. No other NGO working on child and maternal nutrition.

<sup>30</sup> **WASH Core Commitment 2:** Provide bleach, chlorine or water purification tablets, including detailed user and safety instructions in the local language. Water purification tablets with instructions supplied by SCF have been distributed with water containers. Purification by sunlight also promoted. SCF also distributing filtered water and have supplied water filtration units in some locations. UNICEF monitoring situation. **WASH Core Commitment 3:** Provide jerrycans, or an appropriate alternative, including user instructions and messages in the local language on handling of water and disposal of excreta and solid waste.

<sup>31</sup> RWSS with UNICEF support is conducting village-by-village assessment of water and sanitation systems and facilities over the next 4 weeks.

<sup>32</sup> Red Cross considering WASH support.

Core Commitment	Results (Target)	Indicator	Means of Verification	UNICEF role	Partners	Budget
<b>5. Facilitate safe excreta and solid waste disposal by providing shovels, cash for contracting local service companies to dispose of solid waste; messages on the importance of keeping excreta (including infant faeces) buried and away from habitations and public areas; messages on disposal of human and animal corpses; instructions on, and support for construction of trench and pit latrines.</b>	75% of affected population in Gizo have high level of awareness – see Health and Nutrition Core Commitment 9) <sup>33</sup>	<ul style="list-style-type: none"> <li>▪ Absence of rubbish near camp</li> <li>▪ Number of disposal pits</li> <li>▪ KAP of sampled population</li> </ul>	<p>Direct inspection of IDP camps</p> <p>Omnibus Measurement Survey mid-end of June</p>	Funding, assessments, technical advice, logistics, WASH engineer, materials	RWSS, Oxfam	\$20,000
<b>Beyond Initial Response (longer-term plan to be realized in 6 months):</b> <sup>34</sup>						
<b>7. Define UNICEF's continuing involvement beyond initial response</b>	Water quality is monitored and appropriate action taken should quality fall below minimum standards (All camps up to 100% of SPHERE standards; water quality <10/100ml)	<ul style="list-style-type: none"> <li>▪ Water test results and success of treatment used</li> <li>▪ Rate of water supplied</li> </ul>	<p>Periodic sampling and testing of water from sources and at tapstands</p> <p>Measurement of flows and camp/village populations</p>	Funding, direction of sampling, analysis, WASH engineer	RWSS, MHMS	\$25,000
	All water systems are repaired to pre-earthquake/tsunami conditions (with minor improvements) by end of six months	<ul style="list-style-type: none"> <li>▪ Number of systems repaired/constructed</li> </ul>	Record and inspection of systems installed	Funding, assessments, technical advice,	RWSS, Oxfam, World	\$65,000

<sup>33</sup> SPHERE standards of 1 Latrine per 20 people in camps and affected villages would be possible but fairly meaningless as latrines were not used by majority of population before disaster and are not being used despite promotion. Advice from the WES specialist is to concentrate on hygiene promotion rather than latrine use per se.

<sup>34</sup> **WASH Core Commitment 6:** *Make approaches and technologies used consistent with national standards, thus reinforcing long-term sustainability.* UNICEF is supporting the RWSS (Government unit responsible for Rural Water and Sanitation Systems) and working through RWSS procurement and maintenance systems. UNICEF helping RWSS ensure that WASH interventions from other NGOs are conforming to national standards where possible and appropriate. UNICEF helping to facilitate RWSS-NGO partnership on the ground. UNICEF promoting participation of camp and village committees to participate in planning and installation of WASH systems and repairs. UNICEF discussing with RWSS supply of simple community WASH repair kits to ensure ongoing maintenance of WASH infrastructure in camps, villages, schools and clinics.

(N=100 villages approximately)	<ul style="list-style-type: none"> <li>▪ Number of tapstands and supply systems to central storages or distribution points</li> </ul>		logistics, WASH engineer	Vision, Red Cross, AusAid, NZAid	
<b>Vector control is coordinated with health sector workers and potential for standing is eliminated</b> (All camps)	<ul style="list-style-type: none"> <li>▪ Absence of standing water</li> </ul>	Direct inspection of IDP camps	Assessments, education/advice	RWSS, Oxfam, World Vision, Red Cross	\$5,000
<b>Special needs of clinics and schools are met for clean water supplies and safe sanitation</b> (All clinics and schools up to 100% of SPHERE standards for water and sanitation in affected areas)	<ul style="list-style-type: none"> <li>▪ Storages at facilities contain adequate clean water</li> <li>▪ Number of latrines constructed</li> </ul>	<p>Inspection of sample of storage tanks and efficacy of supply and treatment</p> <p>Inspection of sample of latrines</p>	Funding, assessments, supply?, technical advice, logistics	RWSS, Oxfam, World Vision, Red Cross, AusAID, NZAID	\$40,000
<b>TOTAL US\$</b>					<b>\$320,000</b>

CHILD PROTECTION						
Core Commitment <sup>35</sup>	Results (Targets)	Indicators	Means of Verification	Inputs	Partners	Budget
<b>First Six to Eight Weeks:</b>						
<b>4. Prevent sexual abuse and exploitation of children and women by ensuring that all UNICEF staff and partners sign the Code of Conduct and are aware of appropriate mechanisms for reporting breaches of its six core principles</b>	<p>International organizations (INGOs, UN agencies) have access to the SG's Bulletin "Special Measures for protection from sexual exploitation and abuse" (All organizations)</p> <p>Commitment statement against CSEC developed in line with the UN SG's Code of Conduct and agreed to by agencies working in the affected locations</p>	<ul style="list-style-type: none"> <li>▪ SG's Bulletin distributed to all relevant stakeholders</li> <li>▪ Commitment statement developed and agreed by partners</li> </ul>	<p>Materials readily visible in all offices</p> <p>Commitment Statement widely distributed</p> <p>Volunteers and staff of agencies that agreed to statement briefed and understand the commitment</p>	Technical assistance	N/A	N/A

<sup>35</sup> **Child Protection Core Commitment 1:** *Conduct a rapid assessment of the situation of children and women. Within appropriate mechanisms, monitor, advocate against, report and communicate on severe, systematic abuse, violence and exploitation.* Conducted by SCF. UNICEF monitoring situation in collaboration with Ministry of Women, Children and Youth, Social Welfare Division, and SCF. **Child Protection Core Commitment 2** is part of the longer-term capacity-building for government given the absence of large-scale separation of children from families (see Beyond Initial Response below). **Child Protection Core Commitment 3:** *Ensure that family-tracing systems are implemented, with appropriate care and protection facilities.* Awaiting feedback from Ministry of Education Assessment on status of boarding schools in affected areas. UNICEF will assist in development of Case Management protocols and training of Social Welfare Division if necessary. Sections (i) and (ii) (non-internal) in **Child Protection Core Commitment 4** are not necessary at this stage. UNICEF continuously advocating for and monitoring that (iii) humanitarian activities are undertaken in a manner that minimizes opportunities for sexual exploitation and abuse.

Core Commitment	Results (Target)	Indicator	Means of Verification	Inputs	Partners	Budget
<p><b>8. Support the establishment of safe environment for children and women, including child-friendly spaces, and integrate psychosocial support in education and protection responses</b></p>	<p><b>Child-friendly spaces established reaching approximately 3,500 children and young people</b> (At least 30 child-friendly spaces in affected areas)</p> <p><b>Linkages between child-friendly spaces and non-formal education clearly established and recognized at Ministry level</b> (see Education plan for details)</p> <p><b>Develop Community based welfare support system through the use of a Community Welfare Volunteers (CWW) network that is actively working in affected communities</b> (At least 30 CWWs; at least 25% of affected communities have community protection plans)</p>	<ul style="list-style-type: none"> <li>▪ Number of child-friendly spaces established and number of children engaged</li> <li>▪ Number of recreational kits and other supplies/equipment/toys distributed</li> <li>▪ Teachers and principals participating in child-friendly space activities</li> <li>▪ Training for CWWs conducted</li> <li>▪ CWWs reporting child protection issues in a timely manner to Social Welfare Division reps in Gizo</li> <li>▪ Number of welfare activities conducted (such as CSEC discussions, domestic violence, journey of life)</li> <li>▪ Number of community plans to protect children developed</li> </ul>	<p>Save the Children Reports and observations from the field</p> <p>Ministry of Education and Save the Children Internal reports and observations from the field</p> <p>Training report</p> <p>Reports from Social Welfare Division in Gizo</p> <p>CWWs weekly activity reports</p> <p>Community protection plans and monitoring matrix</p>	<p>TA for planning, training, support to project implementation, supplies (toys, sports equipment, tarps, mats etc for child-friendly spaces)</p> <p>Financial support for training/ orientation of CWWs; transport and logistical arrangements</p> <p>Printing of IEC materials</p>	<p>Ministry of Women, Children and Youth, Social Welfare Division, SCF, World Vision, Ministry of Education</p>	<p>\$200,000</p>

Core Commitment	Results (Targets)	Indicators	Means of Verification	Inputs	Partners	Budget
<p><b>8. Support the establishment of safe environment for children and women, including child-friendly spaces, and integrate psychosocial support in education and protection responses (continued)</b></p>	<p>Parents and caregivers have access to information on keeping children safe including CSEC and trafficking – through IEC, radio, social mobilization, community planning (All communities with community protection plans)</p> <p>Other key stakeholders have access to information on keeping children safe including CSEC and trafficking and commit to child protection – through IEC, radio, social mobilization, workshops, community planning (All Government and NGO stakeholders)</p> <p>Inter-agency Working Group, chaired by Ministry of Women, Children and Youth; and Coordination Group (in Gizo) function well and coordinates activities related to protection and community welfare (Weekly meetings with resolutions/ recommendations acted upon in timely manner)</p>	<ul style="list-style-type: none"> <li>▪ Number of community meetings</li> <li>▪ Number of community protection plans to protect children including plan developed by children</li> <li>▪ Number of meetings with stakeholders on CSEC and trafficking</li> </ul> <ul style="list-style-type: none"> <li>▪ Weekly meetings</li> <li>▪ Common response guidelines developed for working with women and children in affected areas</li> </ul>	<p>Community protection plans</p> <p>Field observations</p> <p>Meeting minutes and reports</p> <p>Meeting minutes</p> <p>Inter-agency guidance note on working with women and children in affected areas</p>	<p>TA for planning, training, support to project implementation etc.</p> <p>Financial support for community and stakeholder training; transport and logistical arrangements</p>	<p>Ministry of Women, Children and Youth, Social Welfare Division, SCF, World Vision, Ministry of Education</p>	<p>As above</p>

Core Commitment	Results (Targets)	Indicators	Means of Verification	Inputs	Partners	Budget
<b>Beyond Initial Response (longer-term plan to be realized in 6 months):</b> <sup>36</sup>						
<b>2.</b> Assist in preventing the separation of children from care-givers, and facilitate the identification, registration and medical screening of separated children, particularly those under five years of age and adolescent girls	Strengthened capacity of Social Welfare Division including Community Welfare Volunteers in responding to the needs of vulnerable groups, including preventing the separation of children from care-givers (All Social Welfare Division staff in Gizo and CWVs)	<ul style="list-style-type: none"> <li>Number of staff and CWVs trained on prevention of child/care-giver separation ensuring family unity</li> <li>CWVs reporting child protection issues in a timely manner to Social Welfare Division reps in Gizo</li> <li>Inter-agency guidelines on preventing of child/care-giver separation</li> </ul>	Workshop reports  Reports from Social Welfare Division in Gizo  Guidelines	Technical and financial assistance; supply and logistical support.	Social Welfare Division	\$30,000
<b>8.</b> Support the establishment of safe environment for children and women, including child-friendly spaces, and integrate psychosocial support in education and protection responses	Child-friendly spaces established reaching approximately 7,000 children and young people (At least 70 child-friendly spaces in communities and camps in affected areas)  Trained Community Welfare Volunteers actively working in affected communities (At least 70 CWVs; at least 75% of affected communities have community protection plans)	<ul style="list-style-type: none"> <li>Number of child-friendly spaces established and number of children engaged</li> <li>CWVs reporting child protection issues in a timely manner to Social Welfare Division reps in Gizo</li> <li>Number of community protection plans to protect children</li> </ul>	Save the Children reports and observations from the field  Reports from Social Welfare Division in Gizo  Community protection plans	Technical assistance and financial assistance	Social Welfare Division, SCF	\$100,000
<b>TOTAL US\$</b>						<b>\$330,000</b>

<sup>36</sup> **Child Protection Core Commitment 5:** Within established mechanisms, support the establishment of initial monitoring systems, including on severe or systematic abuse, violence and exploitation. UNICEF is supporting Ministry of Women, Children and Youth and the Social Welfare Division to monitor the situation. **Child Protection Core Commitments 6, 7, and 9** not applicable but situation is being monitored. **Child Protection Core Commitment 10** not applicable.

HIV AND AIDS						
Core Commitment <sup>37</sup>	Results (Target)	Indicator	Means of Verification	Inputs	Partners	Budget
<b>Beyond Initial Response (longer-term plan to be realized in 6 months):</b> <sup>38</sup>						
<i>Provide essential supplies such as HIV rapid test kits, rapid syphilis test kits, post-rape care kits, including post-exposure prophylaxis for HIV, where necessary, to health care centres</i>	Clinics in affected areas have adequate supplies to meet initial needs	<ul style="list-style-type: none"> <li>▪ % out-of-stock essential drugs</li> <li>▪ Status of HIV supply management response plan</li> </ul>	Provincial and National Pharmacy reports HIV supply management plan	TA, finance and supply support	UNFPA MHMS	N/A
<i>Provide training to health care staff on VCCT, post care rape, PEP and Psychosocial Counselling</i>	Health staff in affected areas have the relevant skills to counsel and provide confidential care (100% of health staff)	<ul style="list-style-type: none"> <li>▪ No of health care staff trained on VCCT, post rape care, PEP and Psychosocial Counselling</li> </ul>	Workshop reports including end of workshop assessment (pre- and post tests)	TA, finance and care provision support	UNAIDS MHMS WHO UNFPA	\$5,000 <sup>39</sup>
<i>Support the establishment of essential health care services including integrated PMTCT and VCCT outreach services</i>	IDP communities (youth, women and their partners) access the mobile VCCT and PMTCT services and are empowered to prevent and mitigate against HIV	<ul style="list-style-type: none"> <li>▪ HIV prevalence rate</li> <li>▪ No of VCT clients</li> <li>▪ No of STI and HIV tests utilized</li> </ul>	STI, VCCT and PMTCT Registers	Finance, procurement, test kits, HIV support	NGOs, MHMS, UNFPA	\$15,000 <sup>40</sup>

<sup>37</sup> Core Commitments as stated here are adaptations of those found in the Emergency Handbook.

<sup>38</sup> **HIV and AIDS Core Commitment 1:** *Provide post-rape care kits, including post-exposure prophylaxis for HIV where appropriate, to health centres.* Kits were distributed by MHMS Pharmacy to Sasamunga, Gizo, Munda and Taro according to level of need and capability. Lifeskills Training for 26 Youth Volunteers from 15 IDPs was conducted in weeks 6-7 as one means to respond to **HIV and AIDS Core Commitment 2:** *Inform young people about HIV transmission and prevention. Inform young people on where to access basic health and counseling services and collaborate with partners to facilitate young people's access to comprehensive HIV prevention services, including treatment for STIs.* Earlier versions of the Emergency Plan noted that: "Further discussion is taking place between Solomon Islands Government, UNFPA, and UNICEF on this important issue. Further expansion of UNICEF activity against this Core Commitment and **HIV and AIDS Core Commitment 3** is likely." The following rows are the result of this expansion.

<sup>39</sup> UNAIDS is providing additional funding.

<sup>40</sup> Test kits and other essential supplies are being sought from UNFPA.

<i>Mobilize young people on HIV prevention, including messages on ABC, stigma and discrimination</i>	High levels of young people's awareness on HIV and AIDS (75% of affected youth)	<ul style="list-style-type: none"> <li>▪ KAP of sampled population</li> </ul>	Omnibus Measurement Survey mid-end of June	IEC materials, radio, drama (?)	MHMS, SCF, UNFPA	\$25,000
<i>Train health service staff, CBO, NGO, FBO and UN staff on HIV and AIDS in emergencies</i>	Health service and partners are better equipped to prepare and deal with HIV and AIDS in the context of the emergency affecting their country	<ul style="list-style-type: none"> <li>▪ HIV data collected and assessed at appropriate intervals</li> <li>▪ Emergency Preparedness and Response Plan explicitly refer to HIV and AIDS prevention and management activities</li> </ul>	Rapid assessment survey reports and analysis of periodic monitoring data Emergency Preparedness and Response Plans	TA, finance, procurement, HIV support	MHMS, WHO	\$5,000 <sup>41</sup>
TOTAL US\$						\$50,000

<sup>41</sup> UNAIDS providing supplementary funds.