



Regional Inter-Agency Contingency Planning Workshop for Humanitarian Assistance in the Pacific

Suva, Fiji, 16-18 July 2008

Executive Summary

1.0 Background

The Inter-Agency Standing Committee (IASC) in 2005 agreed on a process of Humanitarian Reform, seeking to improve the effectiveness of humanitarian response by ensuring greater predictability, accountability and partnership. It is an ambitious effort by the international humanitarian community to reach more beneficiaries, with more comprehensive needs-based relief and protection, in a more effective and timely manner. Improved inter-agency coordination and emergency preparedness are an important part of this effort. A triggering event in the Pacific was 2007's Solomon Islands Tsunami, which highlighted the challenges and importance in preparedness to launch an effective, and predictable, humanitarian relief operation in a Pacific Island Country following a significant disaster event. Under the guidance of the UN Resident Coordinators and Disaster Management Teams in the Pacific (based in Fiji and Samoa), and facilitated by the UN Office for the Coordination of Humanitarian Affairs (OCHA) Pacific, the humanitarian partners in the Pacific are therefore embarking on an inter-agency contingency planning process to strengthen emergency preparedness and humanitarian assistance for the Pacific.

2.0 Objectives

Humanitarian assistance in the Pacific has proven complex. The region is characterized by a high degree of disaster risk, the vast ocean mass, small and scattered population numbers on vulnerable small islands and national and local response capacity that is obviously quickly overwhelmed by forces of nature. International humanitarian organizations (UN agencies, NGO's, the Red Cross and Red Crescent movement, regional and bilateral organizations) are each faced with the challenge to respond from a regional capacity to a localized humanitarian need. In addition, coordination is an additional challenge as these regional responders operate from different locations in the Pacific (e.g. Fiji, Samoa, Auckland, Wellington, Canberra, Melbourne, Sydney, Honolulu, New Caledonia).

Given lessons learned from global humanitarian reform and humanitarian assistance in the Pacific, key agencies agreed that improved coordination for more effective disaster response should be explored in the Pacific as well, following the cluster approach. The purpose of this workshop was to start this process.

The specific objectives of the workshop were to agree on:

- 1) A regional inter-agency contingency planning process and mechanism for humanitarian assistance in the Pacific

- 2) Priority areas/clusters for inter-agency disaster preparedness planning
- 3) Lead agencies for these priority areas/clusters
- 4) Roll out strategies for regional cluster & country level inter-agency contingency planning.

The first objective was met by partners agreeing on a Pacific disaster response framework as described below. Further inter-cluster planning and the development of a mechanism for intra-cluster coordination by each cluster lead agency, supported by UN OCHA and the UN Resident Coordinator will still be required as an on-going activity.

The workshop fully achieved the second objective, while the third objective was partly met since the leadership for some clusters, including logistics, nutrition, protection and camp management, require further consultation among possible lead agencies.

Similarly objective 4) was mostly met by being able to agree upon overall roll out strategies for country level inter-agency contingency planning, although this still requires further detailed planning.

3.0 Participation

Given the above mentioned complexities, this workshop focused on regional inter-agency contingency planning and the primary audience included humanitarian organizations with regional capacity for response preparedness. Because of the need to already take country specific challenges and issues into account, also a number of Pacific island country representatives were invited, mainly from National Disaster Management Organizations and Ministries of Health.

In total 67 participants attended the 3-day workshop from 56 regional organizations and 11 country representatives. A full list of participants is given in appendix 9.

4.0 Outcomes

4.1 Key planning assumptions

Participants held extensive discussions on the types, scale and likelihoods of disasters that could occur in the Pacific. It was agreed that for purposes of disaster preparedness planning, regional humanitarian actors would need to be prepared to support relief and recovery efforts for the “*most likely, worst case scenario*” that could affect a Pacific Island Country. These were thought to be a **rapid on-set natural disaster (cyclone, floods, earthquake, tsunami) that would affect a population of 30,000 people in multiple (island/country) locations**. It was agreed that if regional humanitarian actors were well prepared to respond to such a scenario, this would also cover the humanitarian impact of smaller scale natural disasters (e.g. more localized effects of cyclones and floods, volcanic eruptions, etc.) and man made disasters (fires, environmental disasters) and to an extent even complex emergencies (as seen for instance in the Solomon Islands in the recent past).

However, the focus for preparedness *planning* on such *natural* disasters does have an important implication for agencies whose mandate (and responsibility) for response makes a clear distinction between natural and man made disasters. This is particularly important for an organization such as UNHCR, which has a clearly defined role and responsibility with regard to refugees and conflict-generated internal displacement situations, but not in natural disasters. As such, responsibilities with regard to natural disasters for UNHCR would be case specific. It was therefore agreed that specifically around roles and responsibilities with regard to displacement and protection in natural disasters, UNHCR, UNICEF and OHCHR,

in consultation also with the UNRC, will consult further to determine leadership of the Protection cluster.

4.2 Capacities and Gaps identified

By using two case studies with realistic disaster scenarios for the Pacific, humanitarian needs and regional response capacities were analyzed based on participating agencies, which then led to the identification of gaps in each cluster. This humanitarian needs and capacity/gap analysis encouraged the participants to discuss and agree upon prioritized clusters in the most common disaster scenarios in the Pacific.

4.3 Agreed upon prioritized clusters and combining clusters

The participants jointly identified six key clusters for prioritization in disaster preparedness for response in the Pacific, namely: (1) Health & Nutrition (2) Water, Sanitation and Hygiene (WASH) (3) Emergency Shelter & Camp management (4) Logistics (5) Information Management and (6) Protection. Some prioritized clusters are a combination of two (global) clusters as it was agreed to combine them for enhanced coordination and efficiency in the Pacific humanitarian context. These six clusters were considered to be the priority in the Pacific context because firstly of their importance in addressing key life saving and immediate needs (Health & Nutrition, WASH, Emergency Shelter & Camp Management), and secondly these are areas where humanitarian actors experience difficulties in real disaster situations that effect timely and effective humanitarian assistance and therefore need to be particularly strengthened (Logistics, Information Management and Protection). The detailed list of clusters, lead agencies and partners is given in appendix 3. Appendix 4 shows global cluster lead for each cluster.

4.4 Agreed upon lead agencies for each cluster and identifying participating agencies

Following the capacity and gap analysis, the participants intensively discussed which agency is capable and is willing to be a lead agency in each cluster. Several clusters identified and agreed upon on lead agency as follows:

- **Health-WHO**
- **WASH-UNICEF**
- **Emergency Shelter-IFRC (as a convener)**
- **Information Management-OCHA**
- **Education-UNICEF/Save the Children**
- **Emergency Telecom-New Zealand Red Cross and**
- **Early Recovery-UNDP Samoa-**

4.5 Work in Progress – Cluster Leads and Participants

Other prioritized clusters including Nutrition, Camp Management, Logistics and Protection require further discussion and confirmation about which organization can/should lead these particular clusters. Some possible cluster lead agencies were suggested such as UNICEF for Nutrition (indicated to be able to have the necessary capacity to take the lead role within 6 months), either UNICEF/OHCHR/UNHCR for Protection and WFP for Logistics. Regarding Protection, UNICEF, UNHCR and OHCHR agreed to have further consultation to identify which agency could lead or co-lead this cluster, see also mentioned above under 4.1. It was also agreed to approach IOM (not part of the workshop but with offices in Manila and Canberra) for Camp Management since it is the global lead for Camp Management in natural disaster settings. WFP will discuss with its Head Quarters whether or not it can post a representative in the region so as to take up the lead role in Logistics.

Early recovery needs to be mainstreamed into each cluster but it will require an agency which has overall coordination role. UNDP Samoa commented that they could take up this responsibility while it needs to be further discussed with UNDP Fiji.

UN OCHA will start further consultation with IOM, WHO and UNDP in the next months, and it is expected that conclusion can be reached By early October 2008.

Priority clusters had a first cluster planning session on the third workshop day, and made working arrangement to organize each cluster headed by the lead agency. Several clusters have already set up on-line forum as a communication and information management tool - examples: <http://pacinfocluster.collectivex.com/main/summary> (Information Management Cluster) <http://pacificprotectioncluster.collectivex.com/main/summary> (Protection Cluster). Each cluster made immediate action points to move the process forward, see also appendix 7. The suggested (generic) Terms of Reference (TOR) for cluster leads were well accepted (see appendix 6)

4.6 Pacific Disaster Response Framework

- It was agreed to form a “Pacific Humanitarian Team” comprising all disaster response actors in the region who play a regional role, as well as all the agencies participating at the workshop. The inclusive nature of the Pacific Humanitarian Team follows from the necessity of partnerships in humanitarian action and therefore is the natural successor to the inter-agency Disaster Management team (DMT). Participating agencies in the Pacific Humanitarian Team will join relevant clusters according to their focused activities, and cluster leads will function as the inter-agency standing committee of the Pacific Humanitarian Team (PHT), which will be chaired by the UN Resident Coordinator. Lead agencies are responsible to disseminate information among their cluster members. Organisations that would like to participate in PHT coordination meetings, consult with the relevant cluster lead. Where agencies are not (yet) part of a cluster, OCHA Pacific should be approached for participation in coordination meetings.
- The Pacific Humanitarian Team (PHT) will be an integral part of the Pacific Disaster Risk Management Partnership Network. This network of regional organisations, facilitated by SOPAC, support Pacific Island Countries with the implementation of the Regional Framework of Action for DRR & DM. Under this framework, theme 4 specifically focuses on planning for effective preparedness, response and recovery.
- The UN Resident Coordinator(s), as the chair of the PHT can annually report back to the Pacific DRM Partnership Network on PHT’s activities. In that way, the PHT will cover theme 4 of the Regional Framework for Action on DRR & DM.
- The Pacific Disaster Net will be fully utilized as one of key information management tools. Pacific Disaster Net is the web Portal and Database System designed to be the most comprehensive information resource in relation to Disaster Risk Management for the Pacific Islands Countries.
- In order for the Pacific Cluster Framework established at this workshop to effectively compliment each country’s national contingency plan, and for the Framework to be tailored to each country’s specific context, country level contingency planning workshops will be held. This will start with the most disaster prone countries. Ideally, the framework which is applicable to the country level mechanism is put in place before the cyclone season. The first step, however, is for each cluster to organize itself accordingly. Then the Pacific Humanitarian Team,

possibly represented by cluster leads (or nominated cluster members) could work with the first (pilot) country level contingency planning during the last quarter of 2008.

The above mentioned regional arrangements in relation to the Pacific DRM Network Partnership have also been agreed by SOPAC.

The joint UN Country Teams (Fiji and Samoa) also fully endorsed these outcomes in their UNDAF Alignment Meeting of 27-29 August 2008.

Finally these outcomes and agreed approach were also presented at the FRANZ meeting of 24 September 2008 in Wellington.

5.0 Workshop Deliberations

5.1 DAY 1: Wednesday 16th July

Opening and Session 1 on Humanitarian Reform

The workshop was opened by a welcoming address by Mr. Isiye Ndombi, Head of UNICEF Pacific. OCHA then briefly explained the objectives of the workshop. The opening was followed by a presentation by OCHA on Humanitarian Reform, the cluster approach and inter-agency contingency planning. The cluster approach is one of three pillars of Humanitarian Reform, which is built on a foundation of partnerships. The original purpose of the clusters was to establish clarity in leadership in sectors that lacked this. Hence, for instance “food” has never become a cluster, as WFP has always been the lead agency, and as such there was never any confusion on lead agency and roles and responsibility. It was briefly discussed how this cluster approach could fit into the Pacific context and what the roles of regional actors are. It was discussed how the cluster approach is inclusive of all key actors in disaster preparedness for response and recovery. It was emphasized that the Humanitarian Reform is not the Reform of the UN. It is the reform of the international humanitarian community and the UN is only taking lead in facilitating humanitarian actors, as mandated by the General Assembly.

Session 2 on Pacific Disasters

The next session was presented by Martin Blackgrove of IFRC on Pacific disasters, which included an overview of Pacific hazards and risks, humanitarian needs, and disaster management and international assistance in the Pacific. During this session, it was discussed whether we also capture manmade disasters, health pandemics, conflict, urbanization in terms of food crisis, etc in our disaster preparedness. The common understanding was to firstly plan for the most likely scenarios, which are natural disasters such as cyclones, earthquakes, etc., which would also lead to readiness for other types of disasters. The assumption is that regional capacity needs to be able to respond to a disaster which may affect as many as 30,000 people in more than one country. If we are prepared for this size of a disaster, then we will be able to respond to majority of disasters that may occur in the Pacific. We also need to be well prepared for multi-hazard events such as combination of tsunami and earthquake. As mentioned under 4.1, this however does have implications on roles and responsibilities of organisations that make a distinction in their mandate between natural disasters and man made disasters/complex emergencies.

Session 3: Capacity of Participating Agencies

Each participating agency provided a brief introduction of their programmes and capacity in disaster response, which were mapped out to see what clusters are covered by which agencies while which clusters remain as a gap. Participating agencies included 10 UN agencies (WHO, UNHCR, UNDP, UNIFEM, UNICEF, UNOHCHR, UNESCAP, UNFPA, WFP and OCHA), 6 NGOs (Habitat for Humanity (HFH), Save the Children (SCF), NGO Disaster Relief Forum (NZCID) ,World Vision International (WVI), Oxfam (Australia and New Zealand), Anglican

Board of Mission(ABM)), 10 donors/government agencies (ECHO, USA Centre for Excellence (CEO), USA Asia Pacific Centre for Security Studies, USAID, The Asia Foundation/OFDA, EU, Australian Defence Force, NZAID, NZ MCDDEM, JICA), the International Federation of Red Cross and Red Crescent Societies (IFRC), Australian and New Zealand Red Cross and the Fiji School of Medicine/Monash University. The following is the matrix based on each agency's introduction. It needs to be flagged that the capacity mentioned below is not necessarily applicable to the Pacific context, but some agencies referred to the programme at the global level.

Table 1: Areas of work of Pacific organisations

| Areas of work | Agency |
|----------------------|---|
| Health | WHO, Red Cross, UNICEF, World Vision, UNFPA, FSM, WFP, ADF, JICA, Oxfam |
| Nutrition | WHO, SCF, UNICEF |
| Food | SCF, WFP |
| Education | SCF, UNICEF |
| Emergency Shelter | HFH (usually permanent shelter), UNHCR, UNICEF, Oxfam, NZAID, SCF |
| Emergency Telecom | New Zealand Red Cross, WFP, NZAID |
| Agriculture | FAO |
| Logistics | Red Cross, USA, UNICEF, Oxfam, WFP, ADF |
| Protection | SCF, UNHCR, UNIFEM, UNICEF, OHCHR, World Vision, UNFPA, Oxfam, ABM |
| Early Recovery | HFH (shelter), UNDP, Red Cross, World Vision, Oxfam, NZAID |
| WASH | Red Cross, UNICEF, World Vision, Oxfam, NZAID, WHO |
| Camp Coordination | UNHCR (in complex emergencies) |
| Training | TAF/OFDA, FSM/Monash Uni, USA CoE |

Session 4: Determining Humanitarian Needs and Response Capacity

Two case studies, one on a volcanic eruption causing the displacement of people and another on tropical cyclones and flood, also creating Internally Displaced People (IDPs), were used to identify required humanitarian needs and required responses. Then, by comparing humanitarian needs, required responses and current available response capacity of organisations, the gap areas in humanitarian assistance in the Pacific were identified.

Both case studies highlighted the importance of the government's leading role. The importance of reliable initial data collection and assessment were emphasised in order to plan for an appropriate response. In addition, in order to make an appropriate response plans, it is important to identify the most vulnerable populations and to mainstream age, gender and diversity sensitive planning in all clusters. It was also discussed how the cluster approach could be applied in these scenarios. Importance of coordination was underlined, and the participants could already identify an agency which could coordinate the following clusters: Health, WASH, Education, Emergency Shelter, Early Recovery, Emergency Telecom, overall coordination. This outcome led the group to identify lead agencies in prioritized clusters on 2nd Day.

Please refer to Appendix 1 for further information on capacity and gap analysis. Case studies are also attached as Appendix 2.

5.2 DAY 2: Thursday 17th July

The second day started with a recap of Day One and a brief presentation on OCHA's role, capacity and support tools. Some questions were raised regarding Search and Rescue (SAR) and a participant commented that there is more need for maritime SAR rather than urban SAR (USAR). SAR is such a specialist emergency activity, which is coordinated through

International Search and Rescue Advisory Group (INSARAG) with OCHA Geneva as Secretariat so that it does not need clarification under the cluster approach (as is the case with 'Food', where there is clear leadership by WFP).

Session 5: Determining Humanitarian Gaps

In this session, the participants discussed, by looking at the Matrix (Appendix 1) from Session 4 (which clearly identified the generalized area of gaps in each clusters) how these humanitarian gaps can be addressed. Firstly, the participants were asked to add or amend the matrix so that the actual capacity of each agency will be accurately reflected in the matrix. Then, participants discussed which agency could coordinate each cluster.

Health will be coordinated by WHO. Education is to be coordinated by UNICEF and Save the Children. Regarding the Nutrition cluster, UNICEF commented that they currently do not have capacity to coordinate this cluster. Regarding the Food cluster, WFP commented that the best way of food distribution intervention is through National Disaster Management Organisation (NDMO) considering the size of population. Faith-based organizations also play important role in general in food distribution so that they need to be involved. The government agencies including NZ and the United States Government (USG) can also provide support upon request. Australia would not be directly providing food, but would look at providing support to WFP or other partners who are active in the distribution of food and their approach is to procure food locally as much as possible.

The WASH cluster is well covered, and led by UNICEF. For the Protection cluster, coordination was identified as a gap. UNICEF is responsible for child protection but not yet able/prepared to take the overall lead of this cluster while UNHCR (which is the global lead) stressed that their protection focus is in complex emergencies and generally relates to man-made disasters and displacement.

The participants pointed out that land issues pose a major concern in the Pacific and this needs to be addressed as a gap while other participants argued that this issue needs to be addressed by the society itself, not by international organizations. It was agreed that this issue needs to be addressed during pre-disaster periods through disaster preparedness as well as during post disaster.

Camp management coordination was identified as a gap. IOM takes the global lead in camp management in natural disaster settings, but they could not participate in this regional workshop, so it requires further consultation with IOM as a follow up action. New Zealand Red Cross volunteered to coordinate the Emergency Telecom cluster. Early Recovery needs to be mainstreamed in all clusters, but it requires an agency to have an overall coordination role. UNDP Samoa (UNDP is global lead for ER) could take up this role in their region while it needs to follow this up with colleagues of UNDP Fiji. Emergency Shelter will be coordinated by IFRC as convener for natural disaster situations.

There is no specific agency identified for non-food item coordination while several agencies are involved in this cluster and coordination for both food and non-food items need to be further strengthened. Information management will be coordinated by OCHA and it requires standardized methodology and assessment format as well as good quality of baseline data. There are several agencies involved with Livelihood / Agriculture and this cluster is very important to re-establish the sustainable way of life of the disaster affected population. However, it was not clear who could coordinate this cluster and FAO was named as a potential coordinator. This needs to be further consulted with FAO since they were not present at the workshop. Finally, geographical challenges (sea mass, dispersed and isolated islands, access problems etc) were emphasised as these cause major constraints for relief operations and the logistics.

After identifying the gaps as above, the participants were divided into groups to discuss how to address these gaps and come up with possible solutions. It was recognised how important it is that cluster leads work with national disaster response mechanisms to address these gaps during preparedness phase. It is also important to strengthen surge capacity in the region as well as to fully utilize in country capacity including National Red Cross Societies, NGOs, churches and private sectors (telecom companies etc).

In order to strengthen regional and in-country capacity, disaster response training is important which needs to be looked into by PEMTAG. [PEMTAG, the Pacific Emergency Management Training Advisory Group has consisted since 2002 of UN OCHA, IFRC, TAF/OFDA and SOPAC and intends to broaden its scope and membership in the near future.] At the same time, empowering the community is crucial. When the resource is limited, life saving activities need to be prioritized. In order to address logistical challenges, cooperation with military including FRANZ and USA should be considered. Finally, it is necessary to have long term agreement with partner organizations to fill identified gaps rather than responding on an ad-hoc basis. As a first step, the list of partner organizations (who, where and what) who can be mobilized in case of emergency needs to be formulated.

Session 6: Combining Clusters and Countries, Prioritizing Clusters

The purpose of the exercise was to determine whether countries could be classified according to their disaster risk and capacity to manage a crisis, in order for regional humanitarian organisations to focus their **preparedness planning** on those countries that have the highest disaster risk and are most likely to request international assistance to manage emergencies. [So the objective was NOT to prioritize countries for disaster *response*.] Criteria for country classification were discussed and the following criteria were raised in plenary brainstorm:

- Likelihood of disaster
- Size of population
- Size of country (land surface)
- Internal capacity to manage
- Historical affiliation / relationships
- Availability of financial resources
- Likelihood that national government will ask for assistance
- Global mandates
- Partnerships in country
- Cultural considerations
- Distance (to potential responding organisations/nations) and
- Moral considerations

The participants were divided into groups and classified 15 Pacific countries¹ (according to their internal and external capacity to respond to disasters and disaster risks. The final outcome was discussed in the plenary and summarized in the matrix as shown below, although it was agreed that there was no real agreed grouping. It was discussed how much we as a Pacific regional agencies (should) prepare for low impact disasters in small countries, such as for example in Tokelau. It was noted that, for preparedness planning on the regional level, it makes sense to plan for the large events in the larger countries, as this automatically gives response capacity to respond to large events in small countries.

¹ The geographical focus of this workshop is on 14 Pacific countries (Cook Islands, Fiji, FSM, Kiribati, Nauru, Niue, Palau RMI, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu), excluding Papua New Guinea. The main reason being that these are the countries covered by the two UNRC's in the Pacific and other UN agencies with regional offices in the Pacific. PNG has its own UN Country Team and its own inter-agency contingency planning process. However, it was acknowledged that several regional humanitarian organisations do cover PNG and so the outcomes of this workshop could also be relevant for (assistance of regional organisations to) PNG. For this particular exercise it was agreed to include PNG in order to enhance group discussion. PNG.

It was also discussed what the responsibility will be of external actors which have official affiliation with particular countries and implication for other regional actor's involvement. New Zealand commented that affiliation with particular countries does not necessarily mean that New Zealand will undertake all the disaster response but it still could require response from other agencies. After all, OCHA commented that we are not prioritizing for response but just for preparedness planning. Therefore, if there is any disaster which overwhelms the capacity of the government, then the humanitarian system will respond regardless of disaster preparedness prioritization.

It was agreed that in order to be able to determine a list of priority countries for focus of preparedness planning (i.e. NOT response) some more research needs to be done and experience can be used from other organisations (e.g. SOPAC, IFRC, OXFAM) that have conducted similar research and this would be further discussed with NDMO's.

Table 2: Clustering of Counties

| | | | | |
|-------------------------------|---------------|--|---|-------------|
| Disaster Risk / Impact | High | PNG, Vanuatu | Tonga, Solomons, Samoa, Fiji | |
| | Medium | Tuvalu, Tokelau, Kiribati (med. capacity, low risk?) | FSM, Marshall Islands, Niue, Cook Islands | |
| | Low | Nauru (med capacity?) | Palau | |
| | | Low | Medium | High |
| | | Capacity | | |

*The red column shows the countries which have the highest disaster risks and the lowest internal and external response capacity and thus needs to be prioritized. The green column shows the countries with rather low disaster risks with high internal and external response capacity, therefore requires less international assistance.

After the classification of countries, the groups continued to discuss combining clusters if appropriate in order to enhance better coordination and efficiency and proceeded to prioritize them. The outcome of the discussion was presented on Day 3.

5.3 DAY 3: Friday 18th July

Session 6 (continued) – Combining Clusters and Prioritization

After 4 group presentations, the participants had a plenary discussion and agreed upon combining clusters and identifying prioritized clusters. Six prioritized clusters emerged for the Pacific which include: (1) Health & Nutrition (2) WASH (3) Emergency Shelter & Camp management (4) Logistics (5) Information Management and (6) Protection. The participating agencies for each cluster, as well as cluster leads, were also agreed upon for most clusters while some clusters still require further consultation to identify the lead agency. These findings are summarized in Appendix 3.

Session 7: Government/NDMO Presentation

Government and NDMO officials held a meeting to review what had been discussed in Session 6 and how it could fit into their national response plans. The Country representatives were very supportive of the cluster approach as it provides clarity viz-a-viz government departmental focal points and takes an additional workload in coordination from them. Each country has national arrangements and in-country disaster response structures, and regional agencies need to work

with the national agencies. Regional structure needs to be formed in a way to support the national structure and therefore it was noted that there is a need for flexibility and adaptability in approach. Building on the cluster approach, corresponding Ministries for each cluster were summarized, as shown in Appendix 5.

Session 8: Cluster Planning Meeting

OCHA presented the minimum roles of cluster leads (TOR) (please find it attached as 6) and the participants were divided into six prioritized clusters and asked to review the TOR as well as discuss working arrangement and the next step to organize each cluster. Generic Terms of Reference for Sector/Cluster Leads at the Country level can also be found in the following website (<http://www.humanitarianreform.org/humanitarianreform/Default.aspx?tabid=218>).

The following is the summary of each cluster planning. Please also refer to Appendix 7.

1. Health & Nutrition

For Health, WHO will take the lead. Regarding Nutrition, UNICEF will have full lead capacity end of 2008/beginning 2009. Other important actors including Ministry of Health (MoH), Fiji School of Medicine and Pacific humanitarian partners will support this cluster. It requires rapid and standardized assessment tools and it should be integrated with data from NDMOs and relevant ministries. It is important to establish strong partnerships with the government. This cluster plans to hold a meeting at the end of August 2008. UNICEF and WHO will take further actions to organize this cluster.

2. WASH

It was agreed to create an inventory for both human resources and materials. A focal person will be identified in each agency and a preparedness plan will be developed by each agency, which will be shared among members. The first priority is establishing a coordination mechanism and briefing on WASH cluster approach with government counterpart agencies (NDMO and ministries). Working arrangements will be through e-mail and teleconference. The cluster is lead by UNICEF.

3. Shelter/Camp Management

This cluster will map out what has been learned from shelter experience: Solomon Islands earthquake, Manam Island in PNG, etc. Organizational analysis as well as capacity and gap analysis needs to be conducted. As a convener, IFRC will contact the members before cyclones season. Approach to shelter and land allocation issues need to be further discussed since emergency shelter could exacerbate land issues. A code of conduct will be mainstreamed. An exit strategy and engagement with media also need to be looked into. Coordination mechanisms with logistics and telecom cluster also need to be set up. Finally, simplified assessment tools which can be used by the community needs to be developed and disseminated. Regarding camp management, IFRC will contact IOM. It will be more challenging in urban shelter since IFRC's expertise and experience are mainly in rural settings. It is equally important to agree with the government during preparatory phase on minimum standard of shelter.

4. Logistics

There is no immediate lead with real capacity in the region. For the next quarter, WFP will discuss with their Head Quarters whether or not it can post a representative in the region. Several organizations such as Red Cross and Oxfam conducted logistics assessments and these agencies may need to fill the gaps (as an interim measure) until WFP may be able to have presence in this region. Mapping of the actors also needs to be conducted, and an information management mechanism should be established. It is important to link up with the government as well as with private sector and militaries by establishing stand-by agreements. The lead agency will establish the links with those actors. It is also important that each cluster has its own logistics plan and it is coordinated and trained on logistical issues. There is a tool developed at the global level which can be utilized. OCHA will be able to support CIMIC (civilian-military

coordination) aspect with the specialist in Bangkok office. OCHA also maintains an emergency stockpiling database which can be a good information source.

5. Information management

A wide range of data including maps and statistics are available in the Pacific and the challenge is to collect all relevant information to be used as baseline information. Another urgent need is to formulate standardized preliminary assessment tools and their dissemination. Following discussions with partners in 2007 and the agreements reached in this Workshop, OCHA's Information Management Unit in Bangkok will be able to provide support. Coordination mechanisms at regional and country level to manage information need to be set up with the close link to the government. Pacific Disaster Net is the key platform to manage disaster related information in the Pacific. An online forum was set up for this particular cluster.

6. Protection

The first step for the Protection cluster is to identify lead or co-lead agencies, and 3 agencies (UNHCR, UNICEF and OHCHR) will further consult amongst themselves. The next step is to map the main protection issues in the Pacific and define key partnerships including government counterparts. Capacity building would be required. A focal person in each agency also needs to be identified. Mainstreaming Protection in every cluster is another important role through inter cluster coordination mechanisms. An online forum was also set up for the Protection cluster. At a later stage, resource mobilization might be required.

Session 9: Agreement and Consensus Building-ROAD MAP

This session began with a presentation on the Disaster Management Team (DMT): an interagency standing committee in Fiji and Samoa consisting of UN agencies and the International Federation of the Red Cross, but also other agencies, depending on the topic or situation. It is the current disaster response coordination mechanism in place, and the participants discussed how we could establish the mechanism where a wider range of disaster response actors could be effectively coordinated.

As a conclusion, it was agreed to form a "Pacific Humanitarian Team" comprised of all disaster response actors in the region who play a regional role, including all the agencies participating at the workshop. The inclusive nature of the Pacific Humanitarian Team follows from the necessity of partnerships in humanitarian action and therefore is the natural successor to the inter-agency Disaster Management team (DMT). Participating agencies in the Pacific Humanitarian Team will join relevant clusters according to their focused activities, and cluster leads will function as the inter-agency standing committee of the Pacific Humanitarian Team (PHT), which will be chaired by the UN Resident Coordinator. Lead agencies are responsible to disseminate information among their cluster members. Organisations that would like to participate in PHT coordination meetings, consult with the relevant cluster lead. Where agencies are not (yet) part of a cluster, OCHA Pacific should be approached for participation in coordination meetings.

The Pacific Disaster Net will be fully utilized as one of key information management tools.

Roll-out of contingency planning workshop at the country level

It was briefly discussed how the Pacific cluster framework should function at the country level and how it can complement each country's national contingency plan. The group could not conclude which country to start with, but it would be reasonable to start in one of the most disaster prone countries. The vulnerability assessment is obtainable from agencies which already conducted such classification, including SOPAC and IFRC, and the prioritized roll out in countries will be informed by these existing country classification mappings. Ideally, the framework, which is applicable to the country level mechanism, is put in place before the cyclone season. But first of all, each cluster needs to organize itself, followed by the

organisation of the Pacific Humanitarian Team, represented by cluster leads who could also facilitate country level contingency planning.

The outcome of the workshop was presented at the Pacific Regional Meetings on Disaster Risk Management in the following week (21st – 25th July, 2008), facilitated by SOPAC, and will also be shared at the UN Implementation Alignment meeting in late August, 2008. OCHA will follow up several pending issues including identification of cluster leads for the particular clusters and planning for country level contingency planning workshop.

6.0 Closing

The three day workshop was closed by Mr. Richard Dictus, UN Resident Coordinator, Fiji Multi Country Office, who endorsed what had been agreed at this workshop.

Appendix 1
Capacity and Gap analysis based on Case Study in Session 4

| CLUSTER | Capacity | Gaps |
|---|---|--|
| Health: Cluster coordination: WHO | <ul style="list-style-type: none"> Decontamination, medical supply, Field Clinic, Emergency Evacuation (U.S.G.) First aid, PHC, health promotion, HIV/AIDS, Body bags, Basic Field Clinics with Medical personnel (Red Cross) Emergency Health kit, Vaccination, Vitamin A (UNICEF) RH kit, delivery kit, MISP (UNFPA) Health promotion in HIV/AIDS, nutrition and PHC (WV) Initial health assessment and surveillance, Cluster coordination (WHO) Asbestos/environment specialist (WHO) plus (UNEP? UNDP?) Health worker training, CB, mobile clinics, psycho-social support (SCF) Hygiene promotion (OXFAM) DVI-Disaster Victim Identification, Sourcing mosquito net, medical personnel, MOH assistance (NZ) | <ul style="list-style-type: none"> Early warning Psycho-social support (Who covers psycho social support for the adults? what is the scope of psycho social support (only mental health or broader scope?)) Medical emergency transport (such as ambulance) |
| Nutrition | <ul style="list-style-type: none"> Nutrition supply (USG) Nutritional assessment and monitoring (UNICEF) Nutrition monitoring, supplements, information and awareness (SCF) | <ul style="list-style-type: none"> Coordination |
| Food | <ul style="list-style-type: none"> Food supply, depending on the cases, upon invitation and if others don't take action on food supply(USG) Funding for purchasing food (NZ, AUS) Cluster lead support and training, support to the government in logistics, technical support and coordination (WFP) Food distribution (SCF) Provision of food by National Societies on case by case basis (RC) Food distribution (Churches) | <ul style="list-style-type: none"> Local food (culturally accepted) Monitoring system (WFP?) Coordination (WFP?) |
| WASH Cluster Coordination: UNICEF | <ul style="list-style-type: none"> Water, sanitation and hygiene promotion, vector control, desalination, water purification equipment, staff latrine (RC) WASH assessment, vector control, drainage, community out reach, gender, protection and HIV/AIDS mainstreaming into WASH programme, Emergency water supply, Emergency sanitation, Health and hygiene Promotion(OXFAM) Water containers (AUSAID/ NZAID) Deployment of emergency WASH supply, WASH promotion, WASH assessment, Reconstruction of water facility in school and community, and cluster coordination (UNICEF) AusAID supports RedR Australia to strengthen UNICEF coordination role Latrine, PHAST, install portable water system, distribution water containers, installation of permanent water system (WV) Portable water supply, Water filtration unit (SCF) Water supply (U.S.G) WASH supply, generators (Japan) Water quality control (WHO) | <ul style="list-style-type: none"> Gender considerations |
| Education Cluster coordination: UNICEF/SCF | <ul style="list-style-type: none"> Safe place spaces, tracing and reunification for separated children, psychological and social support, School in Box (SCF/UNICEF) Co-cluster lead (UNICEF/SCF) Temporary learning centres, School infrastructure designing (UNICEF) Play safe programme, Early childhood education (SCF) Data collection (UNFPA) | <ul style="list-style-type: none"> Human resource (teacher) |

| | | |
|--|---|---|
| Protection | <ul style="list-style-type: none"> • WASH promotion at schools (OXFAM) • Advocacy, people's right (OXFAM) • Police training, Civil military coordination training (USG/Australia) • CIMIC (OCHA) • Recreation kit, supply and training, Registration and response to Separated Children (UNICEF) • GBV prevention and management for medical referral (UNFPA) • Security and safety, DVI (NZ) • Safe place spaces, Registration, tracing and reunification, Mobilizing youth network, Child Protection assessment (SCF) • Protection assessment: child focus, Child Friendly Spaces (WV) • Tracing (RC) • Support to the vulnerable groups (Church) | <ul style="list-style-type: none"> • Land issues? • Camp issues (especially safety and security) • Coordination • Child Protection/GBV comprehensive referral mechanism and case monitoring, support to the survivors • Support to the group with particular protection risks such as disabled • Land issue |
| Logistics | <ul style="list-style-type: none"> • Military support: air, sea, land (U.S.G.) • Cluster lead support (WFP) • Churches mobilizing local transport (Churches) • Transportation and distribution of NFI, Warehouses, transport (boats) (OXFAM) • Generators (NZAID) • Infrastructure support (USG PACOM) • Air and naval support, Transport and Warehouses (NZ) • Support to the Australian NGOs for a warehouse in Brisbane to stack materials for Pacific Responses(AusAID) • Red Cross warehouses, pre positioning of Red Cross National Societies (RC) • Transport and general logistics (FRANZ) | <ul style="list-style-type: none"> • Access/mobilising to local transport shipping, small boat • Pacific Coordination? (OXFAM may be able to play certain coordination role) • Fuel supply (USG has the tankers but maybe not suitable in the pacific context) • Secondary transport (especially to the remote places) • Cash flow |
| Camp management | <ul style="list-style-type: none"> • Overall coordination (NDMO) *NDMO plays overall coordination role covering all sectors. | <ul style="list-style-type: none"> • Daily camp management • On-site coordination • Safety and security • Registration • Coordination/Cluster Lead (IOM?) |
| Agriculture | <ul style="list-style-type: none"> • Support CSOs/NGOs, coordination of early recovery, TA/training (UNDP) • Provision of materials (U.S.) • Agricultural advice (N.Z.) | <ul style="list-style-type: none"> • Land issues • Coordination(FAO?) |
| Emergency Telecom Cluster coordination: NZ Red Cross | <ul style="list-style-type: none"> • Telecom, Setting up public communication system, communication infrastructure (U.S.G.) • Communication, Satellite, Radio, IT support (R.C./IFRC) • Community messages, coordinate messages (SCF) • Global cluster leads support (WFP) • Support by MET service, RNZI emergency broadcast, portable satellite dish, IT telecom support (NZAID) • Fly-away telecom kit (WFP) • Restore essential communication and revise existing project to meet priority needs (UNDP) • Government cooperation to accommodate the needs for communication equipment (UNDSS) • Sat phone, BGAN (UNICEF) • Bring in Telecom sans Frontieres with UNDAC (OCHA) • Cluster coordination (N.Z. Red Cross) | <ul style="list-style-type: none"> • Government clearance in advance (UN DSS?) |
| Early Recovery (Mainstreaming into each cluster, and the cluster) Coordination: UNDP Samoa | <ul style="list-style-type: none"> • Infrastructure (U.S.G) • Restore livelihood (Oxfam) • Fund and organize donor round table (UNDP) • Work for food, grant program (SCF) • Agricultural livelihood recovery (WV) • Shelter reconstruction, upgrading and reconstructing water supply system (Oxfam/HFH) • Coordination (UNDP Samoa) | <ul style="list-style-type: none"> • Coordination for overall monitoring while each sectors mainstream early recovery (UNDP FIJI as well?) • Resettlement and land issues • Preventing further |

| | | |
|---|--|--|
| | <ul style="list-style-type: none"> • Technical support to the government: Engineers and recovery coordination (NZ) • Shelter and livelihood (RC) | displacement |
| Emergency Shelter RC coordinates as convener | <ul style="list-style-type: none"> • Emergency shelter kit and long term shelter (SCF) • Shelter, family kits, bed nets, technical support to NRCS, distribution, assessment, coordination as convener (Red Cross) • Emergency shelter, tents & tarps (Oxfam) • Tents & Tarps (AUSAID/NZAID/JAPAN) | Land issues. (Do we have a tool to address this issue?) Coordination |
| Non-Food Items | <ul style="list-style-type: none"> • NFI purchase & distribution (SCF) • NFI purchase & distribution (Oxfam) • NFI purchase & distribution (WVI) • Purchase of NFI (AUS/NZ) • NFI purchase & distribution (RC) • NFI purchase & distribution (UNICEF) | Coordination? |
| Information management Cluster Coordination: OCHA | <ul style="list-style-type: none"> • Needs assessment, data collection and monitoring (Oxfam) • Same as above (SCF) • Satellite Geo imagery, info mapping upon permission (USG) • Data collection and processing (UNFPA) • Data collection, rapid assessment by Pacific Emergency Response Team (UNICEF) • Information and data, community environment (Monash university) • Provide support to cluster information management, information sharing, situation report, maps, who-what-where-lists, advocacy messages, rapid assessments, coordination, Coordination (OCHA) • Media kit (UNESCO) • Aerial assessment (FRANZ) • PDA (UNICEF) • TA and information provision (NZ) | <ul style="list-style-type: none"> • Agreed upon methodology and format for assessments, including good baseline data, statistics etc. • Information management mechanism (OCHA? UNDAC? Relief web, virtual OSOCC, Not covered yet?) |
| Age, gender, diversity sensitive planning | <ul style="list-style-type: none"> • Consider gender & HIV/AIDS in response (Oxfam) • Gender mainstreaming (UNFPA) | Mainstreaming in all clusters by cluster leads |
| Secondary disaster/EWS | <ul style="list-style-type: none"> • Geological assessments (SOPAC) • Geological assessment (USG) • Scientific advice (NZ) | All hazards covered by SOPAC? USG? |
| Conflict assessment | <ul style="list-style-type: none"> • Conflict analysis (Oxfam) • The International Crisis Group, which receives support from AusAID conducts conflict assessment | Agreed tools? |
| General coordination DMT/OCHA | <ul style="list-style-type: none"> • Coordination of UN agencies and partners (DMT) • Inter-cluster coordination support, liaison with government and donors, facilitating access to rapid respond funds, deployment of trained professionals in support of government and UN system (UNDAC and OCHA staff), civil-military coordination, appeals preparation and launch, set up field coordination hubs, (OCHA). • APHP, INSARAG, liaising with PIC countries on resource (NZ) • Mobilization of UNV (UNDP Samoa) | Link with Humanitarian Pacific Team |
| Support local capacity & leadership | <ul style="list-style-type: none"> • Support local health & WASH authorities (Oxfam) • Support national and provincial disaster committees (SCF) • Local community based training (UNFPA) • Train trauma counsellors and leadership from local church (ABM) • Support local coordination structures (OCHA) • Support National Societies (RC) | Agreed tools? |
| USAR | <ul style="list-style-type: none"> • Coordination of USAR (OCHA) • TA for USAR (NZ) • Deployment of USAR team (JAPAN) | |

Appendix 2

Case Study 1: Volcanic eruption on Eluk Island and Internally Displaced People

**The below case study is mainly based on the actual facts derived from volcanic eruptions in PNG and Vanuatu, but formulated as a fictional case. For the discussion, which might require geographical specification, please consider this disaster occurring in Vanuatu for the sake of practical discussion.*

Brief area profile:

Eluk is a volcanic island (part of a Pacific island nation) which has an area of 150 square kilometers and comprises 56 villages and close to 40,000 inhabitants. Between October 2007 and January 2008, approximately 20,000 people were evacuated from 32 villages which are in close proximity to the main volcano which erupted on Eluk Island. About half of the evacuees (10,000 persons) voluntarily moved to a total number of 15 coastal villages with reception centres (mostly schools, churches and community halls with makeshift shelters), some holding as many as 1,500 people each. The other 10,000 evacuees were transported to neighbouring Makul Island where they are living in three care centres on a former plantation. It is estimated that between 50 and 60 percent of the population are children under the age of 18 years.

Disaster strikes:

The volcanic activity began in May 2008 and intensified in June, spewing lava and ash that affected and destroyed most of the island's food crops and contaminated water supplies. Furthermore, according to scientists, the volcano not only remains active but also represents a continuing danger due to the possible collapse of the interior chamber. If this occurs it may create a major disaster, including a flood wave that could potentially wipe out the settlements along the coast and might cause a local tsunami. This means that return of the evacuees to their villages is not likely to be an option in the short term. There are also general concerns about contamination of water sources, as well as health problems caused by exposure to sulphurous air and fine volcanic dust. Children and the elderly in particular are experiencing respiratory difficulties, eye problems, stomach pains and diarrhea. This is the case on both Eluk and Makul islands, as ash fall impacts both islands.

People from 32 villages had begun to move voluntarily to the villages on the coastal areas after the eruption intensified without much information provided by the government on the current situation and on further danger. In fact, the central government has mainly been gathering information and monitoring the situation but has so far taken little action and decisions on urgent evacuation at this stage in spite of the apparent imminent threat. Some assume that the government is reluctant to take active response to this disaster since the majority of the islanders belong to the ethnic group which opposes the current government. Hence, government coordination has been limited. Aid groups including local NGOs and church groups have started to make ad hoc relief interventions and are requesting assistance from their overseas partners. The provincial level authorities are making an effort for coordinating response interventions to a certain extent, but limited capacity and support from the central government (e.g. financial support and authorizations, government logistics and transport services) makes it extremely difficult to execute their relief plan. Furthermore, each agency appears to pursue its own agenda with no comprehensive overview of the needs. The main coordinating effort that the provincial government has undertaken has been the relocation of islanders to Makul, which was in fact foreseen in the Provincial Disaster Management Plan of 2005. Makul (part of the same province as Eluk) has in fact a number of medical staff active in the area that is attached to a provincial clinic, which is the main reason for the relocation.

It has quickly become apparent that the living conditions in the settlement areas on Eluk are basic, and pose various risks to the evacuees. First of all, people are fully dependant on the limited government food rations which are

inadequate in terms of quantity and quality, and it is assumed that dependency will continue for a certain period until the people re-establish their livelihood. Some supplementary food such as fruits and vegetables are supplied by local NGOs, churches or private donations, but are sporadic and not evenly distributed as most of it is shipped from the capital. It is extremely challenging for evacuees to re-establish their livelihood in the settlement areas due to land entitlements which hinders them from cultivating garden crops. They also lack the right to fish in these areas and generally do not have fishing equipment, which most evacuees left behind.

The problem is more obvious and serious in the care centers on Makul since the evacuees from Eluk do not belong to this island and as such have fewer social networks, entitlements and access to livelihood resources in Makul than in Eluk. The importance of fresh fish (and the lack of it) in the diet is evidenced by the fact that children under-five that are in the reception areas on Makul have significantly higher levels of stunting and wasting than the local children in this island. Quality of water is also another concern. Although in most of the settlement areas quantities of water are sufficient according to SPHERE standards, in several locations the water is not drinkable. Lack of sanitation is another concern since the high water level in some areas rendered latrines unstable.

Protection concerns are also observed including deteriorating law and order. Altercations have occurred between government officials and islanders, several incidents of sexual violence have been reported and there are some concerns about increased access by youths to drugs (marijuana grown in the area). Anger in the settlements over the lack of clear plans for and communications on the proper short term relief and long term return or resettlement is a potential flashpoint. In addition, tensions between local residents in Eluk and Makul and evacuees are increasing, which could trigger violent incidents if not addressed at the earlier stage. In Eluk reception centres, at least 20 separated children are identified, which puts them at extreme risk for possible exploitation or trafficking and urgent family tracing is required.

Whilst the evacuees could still be landowners on Eluk Island, on Makul they have hardly any entitlements, although intermarriage with other clans (on Eluk or Makul) provides for some relations. There is no written record of land entitlements. Experience in other countries has shown there is an urgent need to identify long term solutions by resettling the evacuees to areas where they can have land entitlement and can re-establish their livelihood. A return to their original places is not an option for the time being. It is challenging to find available land since the majority of IDP's are not interested in settlement far away from the sea, as 70% of their income traditionally stems from fishing.

Given these developments, the government has indicated that it is welcoming international assistance.

Now that you have read the scenario, work in groups to determine the likely humanitarian needs and response using the provided list of clusters. Outline:

- a) Humanitarian priority needs (first column) and**
 - b) Required responses in the emergency phase (incl. early recovery),**
- in terms of national and international efforts based on your understanding of the situation and the case study. Bear also in mind necessary common support services (e.g. telecommunications, logistics, security, information management etc.) and cross cutting issues (e.g. gender, age, ethnicity etc), engagement with key stakeholders and information sharing with affected communities.**

Case Study 2: Cyclone in Cook Islands and Tonga

**The below case study is loosely based on facts derived from separate cyclone events in the Cook Islands and Tonga, but formulated below as one fictional case. For the discussion, which might require geographical specification, please also consider this disaster occurring in Cook Islands and Tonga for the sake of practical discussion.*

Brief Country Profiles:

The Cook Islands consist of 15 volcanic islands and coral atolls and are scattered over 770,000 square miles of the South Pacific, between American Samoa to the west and French Polynesia to the east. The territory is a self-governing state in free association with New Zealand with an estimated 18,700 (2006) inhabitants on the land of 236.7 sq km. The northern Cook Islands are seven low-lying, sparsely populated, coral atolls; the southern Cook Islands, where most of the population lives, consist of eight elevated, fertile, volcanic isles, including the largest, Rarotonga, at 67 sq km. The majority of inhabitants are Polynesian. The area is prone to cyclones.

Tonga consists of 171 islands of which only 36 are inhabited. It has a constitutional monarchy and a population of 114,690 over an area of 748 sq km. Tonga has no mineral resources and relies on agriculture, fishing and money sent home by Tongans living abroad, many of them in New Zealand. The country is susceptible to various hazards including cyclone, earthquake and volcanic eruption. The majority of inhabitants are Polynesian.

Disaster strikes:

In February 2005 one cyclone after the other was forming in the Pacific. APCEDI warned on Friday 25 February (*Bulletin 1*) that TC Darcy is forming east of Tuvalu. TC's Meena (6 Feb), Nancy (15 Feb) and Olaf (17 Feb) have already ravaged the Cook Islands group. APCEDI on Sunday 27 February warns that TC Darcy is heading for the Northern Cooks. On 28th February, Tropical Cyclone Darcy, a category 3 to 4 cyclone with sustained winds measuring 178 to 249 km/hr impacted on the Cook Islands, which caused heavy damages costing approximately NZ\$7.8 million and affected mainly Pukapuka (pop. 600), Nassau (pop. 70) and Manihiki (pop. 350) in the northern group. There were a devastating 15 casualties reported on Pukapuka. Dozens of people have suffered minor to serious injuries and a shortage of potable water caused gastro-intestinal problems, especially diarrhea amongst children in Nassau. First reports from Manihiki indicate that there may be as much as 10 casualties on that atoll island as well. Storm surge caused major damage to island infrastructure especially along coastal regions, within the lagoon itself and inundated most of the islands' taro plantations. This has seriously affected the normal diet of the islanders, a situation that is estimated to last for up to 12 months whilst taro and other crops regenerate. In addition, private housing is severely damaged and/or destroyed (reports say at least 80%) and almost the total population of Pukapuka and Manihiki is currently living in cramped conditions in evacuation centers (schools and churches).

The Government of Cook Islands is very concerned about several secondary threats in relation to Pukapuka and Manihiki, especially psychological trauma (because of the high number of deaths) and health risks from vector borne diseases such as dengue fever and illness caused by contaminated water e.g. dysentery. There is also a risk of long-term diseases caused by asbestos poisoning from buildings damaged during the cyclone and presently lying around tangled in the huge piles of debris.

The combined impact on the environment of strong winds and high seas will affect food security on the islands for at least the next 12 months and families will need support for alternative means of sustaining their diet until such time as they can resume their traditional food consumption patterns. Of particular concern are: diminished levels of fish stock in the lagoons; total destruction of root crops, coconuts, fresh fruit and vegetable supplies. Strong winds impacted heavily on domestic and community structures destroying up to 80% of the local housing as well as coastal

roads, seawalls, government buildings, and public utilities. All building materials will have to be brought in from outside which will be a costly endeavor.

TC Darcy, sustaining its power, struck Tonga on the next day. It caused devastating damage, especially to Vava'u (pop. 16,200) and Niuafo'ou (pop. 735) creating hardship and temporary displacement of many families (approximately 2,000 to 2,500 households) as houses were destroyed or seriously damaged. Initial reports from a NZ flyover indicate that about 80 percent of the buildings in Vava'u and 10 percent in Niuafo'ou were affected. Food supply was also affected in these island groups, Vava'u being the worst affected. In addition to wind damage, the succession of storm systems passing through the group has increased rainfall causing flood events particularly around the Lake 'Ano area in Vava'u. There is also a high risk of landslides as a result of the heavy rainfall. The combination of damage to houses and flooding has caused displacement of the population in several small make shift camps around 8-10 evacuation centers (mainly churches), each holding 500-1,500 people in cramped conditions, with basic conditions in terms of shelter, water supply and sanitation.

Based on a fly-over and very rapid assessment, NDMO Tonga assessed that the affected population will need food aid for approximately 12 months. Extensive damage was caused to cash crops such as vanilla and kava. Fruit bearing trees have all been uprooted. Water supply, electricity and communications have been severely damaged as well as schools and the main health facilities. In Vava'u, electricity and communications are still seriously affected due to fallen power poles and broken electric lines and repairs are likely to take several weeks to finalise. The water supply system has been affected since it works with electric pumps. In Niuafo'ou, the water supply system has been disturbed, as rainwater collection tanks have been damaged as well. The total affected population is approximately 16,450 people representing around 2,867 households.

Given these developments, the government has requested international assistance to deal with the situation.

Now that you have read the scenario, work in groups to determine the likely humanitarian needs and response using the provided list of clusters. Outline:

**a) humanitarian priority needs (first column) and
b) required responses in the emergency phase (incl. early recovery),
in terms of national and international efforts based on your understanding of the situation and the case study. Bear also in mind necessary common support services (e.g. telecommunications, logistics, security, information management etc.) and cross cutting issues (e.g. gender, age, ethnicity etc), engagement with key stakeholders and information sharing with affected communities.**

Group work guidelines

- Please respect the time schedule (you have **45 minutes** to read case study, discuss and prepare the matrix).
- Please use the flip chart matrix distributed
- Please select one spokesperson to present your findings
- Please specify the humanitarian needs and response as details as possible
- Three groups are working on the same case study. So, the first group will do the full presentation, and the second and the third group working on the same case study will only present additional or different findings (not repeating the same findings as the group 1 to save time).

**Appendix 3:
Six Prioritized Clusters
(Cluster leads, Participating agencies)**

| Prioritized Cluster Groups | Global cluster lead | Lead Agency | Participating agencies |
|---------------------------------------|---------------------|---|---|
| 1. Health /Nutrition | WHO & UNICEF | WHO (health), <i>? (Nutrition) (UNICEF within 6 months)</i> | WHO, UNICEF, USG, Red Cross (RC), UNFPA, WVI, UNDP, UNEP, UNAIDS, SCF, OXFAM, NZ, AUS, Fiji School of Medicine/Monash Univ. |
| 2. WASH | UNICEF | UNICEF | UNICEF, RC, OXFAM, NZ, WV, SCF, USG, JP, WHO, AUS |
| 3. Emergency Shelter/ Camp management | IFRC & IOM | IFRC as convener (Emergency Shelter) <i>IOM? (camp management) (Need to be consulted with IOM)</i> | IFRC, SCF, HFH, WV, OXFAM, NZ, JP, AUS, <i>IOM? UNHCR?</i> |
| 4. Logistics | WFP | <i>WFP?</i> <i>Not yet confirmed</i> | WFP, OXFAM, RC, USG, Churches, FRANZ |
| 5. Information Management | Cross cutting issue | OCHA | OCHA, OXFAM, RC, SCF, USG, UNFPA, UNICEF, Monash/FSM, UNESCO, FRANZ, NZCID, SOPAC, ACFID? PIANGO? |
| 6. Protection | UNHCR | <i>(UNHCR/UNICEF/OHCHR)?</i> <i>Not yet confirmed</i> | OXFAM, UNHCR, UNICEF, WV, SCF, OHCHR, OCHA, UNAIDS, USG, UNFPA, NZ, RC, Churches, UNDSS |

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Appendix 4: Global Cluster Leads

• **Cluster/Sector Working Group:**

- **Agriculture**
- **Camp Coordination & Camp Mgmt**

- **Early Recovery**
- **Education in Emergencies**
- **Emergency Shelter**

- **Emergency Telecoms**
- **Health**
- **Logistics**
- **Nutrition**
- **Protection**
- **Water, Sanitation & Hygiene**

Global Cluster leads:

FAO

**UNHCR (conflict induced) &
IOM (natural disaster induced)**

(Co-chair the global CCCM Cluster with a unified approach for both natural disasters and conflict-induced displacement, however the primary responsibility as above)

UNDP

UNICEF & Save the Children

**UNHCR (Conflict related)
& IFRC (Disaster, Convener)**

OCHA (UNICEF & WFP)

WHO

WFP

UNICEF

UNHCR

UNICEF

**Appendix 5:
Agreeing on
Cluster Prioritization/Clustering of Cluster
Corresponding Ministries for each clusters/ National lead**

| Prioritized Cluster Cluster groups | National Lead <i>(Please note: all contact should initially be made through NDMO)</i> | | Lead Agency | Participating agencies |
|---------------------------------------|---|--|---|--|
| 1. Health / Nutrition | Cook Islands: Niue: Solomon Islands: Vanuatu: Tuvalu: Tonga: Tokelau: PNG: FSM: Fiji: Kiribati: Nauru: Palau: RMI Samoa: | Ministry of Health Department of Health Ministry of Health & medical services Ministry of Health MoH Ministry of Health Department of Health Ministry of Health Department of Health Ministry of Health Ministry of Health Ministry of Health National Health Service/Ministry of Health/Red Cross | WHO (health) <i>UNICEF with 6 months?(Nutrition)</i> | WHO, UNICEF, USG, RC, UNFPA, WV, UNEP, SCF, OXFAM, NZ, AUS, Fiji School of Medicine/Monash |
| 2. WASH | Cook Islands: Niue: Solomon Islands: Vanuatu: Tuvalu: Tonga: Tokelau: PNG: FSM: Fiji: Kiribati: Nauru: Palau: RMI Samoa: | Ministry of Health/Ministry of Works (water works) PND: Water Division Ministry of Health Ministry of Health/UNELCO/Public Utilities Ministry of Health/Ministry of Works Ministry of Health Department of Health/Water Board Department of Health Public utilities/ Ministry of Health Ministry of Health Ministry of Health Ministry of Health/Red Cross | UNICEF | UNICEF, RC, OXFAM, NZ, WV, SCF, USG, JP, WHO, AUS |
| 3. Emergency Shelter /Camp management | Cook Islands: Niue: Solomon Islands: Vanuatu: Tuvalu: Tonga: Tokelau: PNG: FSM: Fiji: Kiribati: Nauru: Palau: RMI Samoa: | Emergency Management CI (contact EMCI) National Disaster Council (NDC) National Disaster Council (contact NDMO) Red Cross (shelter), Military (camps) National Disaster Council/Red Cross/Ministry of Works Central Control Group (contact NDMO) National Disaster Centre/PNG Red Cross NDMO, Department of Education DISMAC/NDMO Police Ministry of Education NDMO/Disaster Advisory Committee | IFRC as convener(emergency Shelter) <i>IOM? (camp management) (Need to consult with IOM)</i> | IFRC, SCF, HFH, WV, OXFAM, NZ, JP, AUS, IOM? UNHCR? |

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| | | | | |
|---------------------|--|--|---|--|
| 4. Logistics | <p>Cook Islands: Niue: Solomon Islands: Vanuatu: Tuvalu: Tonga: Tokelau: PNG: FSM: Fiji: Kiribati: Nauru Palau: RMI Samoa:</p> | <p>Office of Prime Minister (contact EMCI) National Disaster Council (NDC) National Disaster Council (contact NDMO) Ministry of Internal Affairs (contact NDMO) National Disaster Council Central Control Group (NDMO)</p> <p>National Disaster Centre NDMO NDMO/ Government Supplies</p> <p>Police National Emergency Management Office (NEMO)</p> <p>NDMO/Disaster Advisory Committee</p> | <p>WFP? <i>Not yet confirmed</i></p> | <p>WFP, OXFAM, RC, USG, Church, FRANZ, AUSAID</p> |
| 5. Info. management | <p>Cook Islands: Niue: Solomon Islands: Vanuatu: Tuvalu: Tonga: Tokelau: PNG: FSM: Fiji: Kiribati: Nauru Palau: RMI Samoa:</p> | <p>National Disaster Risk Management Council (EMCI) National Disaster Council (NDC) National Disaster Council (contact NDMO) NDMO National Disaster Council Central Control Group (contact NDMO)</p> <p>National Disaster Centre NDMO Ministry of Information/ NDMO</p> <p>Police NEMO</p> <p>NDMO/Disaster Advisory Committee</p> | <p>OCHA</p> | <p>OCHA, OXFAM, SCF, RC, USG, UNFPA, UNICEF, Monash/FSM, UNESCO, FRANZ, NZCID, SOPAC? ACFID? PIANGO?</p> |
| 6. Protection | <p>Cook Islands: Niue: Solomon Islands: Vanuatu: Tuvalu: Tonga: Tokelau: PNG: FSM: Fiji: Kiribati: Nauru Palau: RMI Samoa:</p> | <p>Ministry of Internal Affairs (social welfare)/Police National Security and Defence Ministry of Health/Ministry of Education/Ministry of Women, Children & Youth Affairs/Police Department of Women's Affairs (protection) Military (security) Police Department Prime Minister's Office/Women's Affairs Unit/Police</p> <p>Police, Military, Ministry of Community Development & Women's Affairs NDMO, Department of Education, Dept. of Health Ministry of Defence-Military and Police</p> <p>Police Ministry of Justice</p> <p>Ministry of Police/Ministry of Women, Community & Social Development</p> | <p>(UNHCR/UNICEF/OHCHR?) <i>Not yet confirmed</i></p> | <p>OXFAM, UNHCR, UNICEF, WV, SCF, OHCHR, OCHA, USG, UNFPA, NZ, RC, Churches, UNDS, AUSAID</p> |
| 7. Education | <p>Cook Islands: Niue: Solomon Islands: Vanuatu: Tuvalu: Tonga: Tokelau: PNG: FSM: Fiji: Kiribati: Nauru Palau:</p> | <p>Ministry of Education Department of Education Ministry of Education Ministry of Education Ministry of Education Ministry of Education</p> <p>Department of Education Department of Education Ministry of Education/ NDMO</p> <p>Department of Education</p> | <p>UNICEF/SCF</p> | <p>UNESCO, UNICEF, SCF, OXFAM</p> |

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| | | | | |
|---|--|---|--|------------------------------------|
| | RMI Samoa: | Ministry of Education, Sports & Culture | | |
| 8. Food/Agriculture/ Livelihood | Cook Islands: Niue: Solomon Islands: Vanuatu: Tuvalu: Tonga: Tokelau: PNG: FSM: Fiji: Kiribati: Nauru: Palau: RMI Samoa: | Ministry of Agriculture Department of Agriculture, Forestry and Fisheries Ministry of Agriculture and Livestock Ministry of Agriculture Ministry of Natural Resources Ministry of Agriculture, Forestry & Food Department of Agriculture, National Agriculture & Research Institute Department of Resources & Development Ministry of Agriculture Police Ministry of Agriculture NDMO/Disaster Advisory Committee for Food/Ministry of Agriculture & Fisheries | FAO? (Need to consult with FAO) | |
| 9. Telecom | Cook Islands: Niue: Solomon Islands: Vanuatu: Tuvalu: Tonga: Tokelau: PNG: FSM: Fiji: Kiribati: Nauru: Palau: RMI Samoa: | Telecom Cook Islands Niue Post and Telecom Telecom Solomon Islands / Ministry of Aviation & Communication Telecom Vanuatu Telecom Tuvalu Prime Minister's Office/Tonga Communication Corp Independent Public Business Corp FSM Telecom, Department of TCI Telecom Fiji RonTEL Palau National Communication Corp NDMO/Ministry of Communication & Information Technology/Telecom Service Providers | New Zealand Red Cross | |
| Cross cutting issues Early recovery including livelihood Age, gender and diversity Protection HIV/AIDs Environment Cultural appropriateness | Cook Islands: Niue: Solomon Islands: Vanuatu: Tuvalu: Tonga: Tokelau: PNG: FSM: Fiji: Kiribati: Nauru: Palau: RMI Samoa: | National Disaster Risk Management Council (EMCI) National Disaster Council (NDC) National Disaster Council (contact NDMO) Ministry of Internal Affairs National Disaster Council Central Control Group (contact NDMO) National Disaster Centre NDMO NDC/ NDMO/ Development Sub-Committee(DSC) National Disaster Risk Management Council Ministry of Health NDMO | All cluster leads UNDP for overall coordination for early recovery? Need to follow up | All cluster participating agencies |

Appendix 6
Draft
Core Elements of ToR for
Pacific Humanitarian Cluster Lead

- Inclusion of key humanitarian partners
- Participation of organizations not physically present at location
- Will there be delegated lead present when cluster lead cannot be present him/herself?
- Appropriate coordination mechanisms (national & regional)
- Coordination with national/local/regional authorities, local civil society etc.
- Participatory and community-based approaches
- Attention to priority cross-cutting issues (age, environment, gender, HIV/AIDS etc)
- Needs assessment and analysis
- Inter-cluster coordination
- Emergency preparedness
- Planning and strategy development
- Application of standards
- Monitoring and reporting
- Advocacy and resource mobilization
- Training and capacity building
- Provider of last resort

Appendix 7

Overview of Work in Progress Pacific Regional Cluster Coordination

| Cluster/Thematic Area | Work in Progress | Time frame |
|-------------------------|--|--|
| Health & Nutrition | <ol style="list-style-type: none"> 1. WHO will start inter cluster organization in August 2. Develop & integrate rapid and standardized assessment tools with data from NDMOs 3. Discuss with UNICEF the coordination of Nutrition | <ol style="list-style-type: none"> 1. End of August 2008 2. 3. Aug/Sep 2008 |
| WASH | <ol style="list-style-type: none"> 1. Each agency to appoint Focal Person 2. Each agency prepare organizational preparedness plan 3. Develop inventory of resources 4. Establish inter cluster coordination mechanism 5. Brief Govt counterparts on WASH approach | |
| Shelter/Camp Management | <ol style="list-style-type: none"> 1. Mapping out lesson learned and organizational analysis/capacity and gap analysis to be conducted 2. IFRC-IOM to discuss filling coordination gap for camp management 3. IFRC to contact members prior to the Cyclone Season 4. Discuss approach/strategy for addressing shelter and land allocation issues, exit strategy as well as rules of engagement with media 5. Simple assessment tools to be developed 6. Mainstream code of conduct 7. Agree with governments on minimum standard of shelter | <ol style="list-style-type: none"> 1. 2. August 2008 |
| Logistics | <ol style="list-style-type: none"> 1. WFP to consult its HQ to explore possible placement of WFP Representative in Pacific 2. Map actors 3. Establish inter cluster information management mechanism 4. Link up with Govts, private sector and militaries 5. Mainstream the global tools 6. Work out possible stand-by agreements 7. OCHA to support capacity building for civil-military cooperation | |

| | | |
|--------------------------|--|------------|
| Information Management | OCHA support to be provided for standardized methodology and assessment format; compiling baseline data; intra-cluster coordination | Oct 2008 - |
| Protection | <ol style="list-style-type: none"> 1. Overall lead and co-lead to be agreed upon, UNICEF, OHCHR & UNHCR to discuss 2. Map main protection issues 3. Define key partnerships including Govts 4. Identify focal persons in each agency 5. Mainstream protection in all clusters | |
| Livelihood & Agriculture | UNDP-FAO to discuss possible arrangements with Pacific Humanitarian Team | |
| Non-Food Items | Specific roles & responsibilities to be worked out across Pacific Humanitarian Team | |
| Food | <ol style="list-style-type: none"> 1. WFP-NDMOs discussion on possible distribution arrangements 2. Role of faith-based organizations and Governments of US and NZ to be determined | |
| Early Recovery | <ol style="list-style-type: none"> 1. Overall coordination role to be defined 2. UNDP-Samoa & Fiji to discuss 3. Mainstream ER into all clusters | |
| Education | UNICEF/Save the Children as a lead agency will coordinate this cluster | |
| Telecom | <ol style="list-style-type: none"> 1. Identify all regional agencies which could support telecom cluster 2. Discuss with New Zealand Red Cross for further inter cluster arrangement | |

Appendix 8
Workshop Agenda
Regional Inter-Agency Contingency Planning Workshop for Humanitarian Assistance in the Pacific:
Suva, Fiji, 16 - 18 July

Day One – Wednesday 16 July 2008

- | | |
|---------------|---|
| 8:30 – 9.00 | Arrival participants |
| 9.00 – 9:45 | Opening <ul style="list-style-type: none">• Welcoming address – Mr. Isiye Ndombi, Head of UNICEF Pacific• Objectives of the Workshop• Programme for the Day• Brief Introductions of participants |
| 9:45 – 10:30 | Session One: Humanitarian Reform <ul style="list-style-type: none">• Brief overview on background of Humanitarian Reform, the cluster approach and inter-agency contingency planning for humanitarian assistance <p><i>Presentation by OCHA</i></p> |
| 10.30 – 11.00 | Morning Tea |
| 11:00 – 11:45 | Session Two: Pacific disasters <ul style="list-style-type: none">• Overview of Pacific hazards and risks, humanitarian needs, DM and international assistance in the Pacific: lessons learned from past experience, key issues <p><i>Presentation by IFRC</i></p> |
| 11:45 – 13:00 | Session Three: Programs and capacities of participating agencies - Identifying the regional capacity and gaps <ul style="list-style-type: none">• Brief introduction of programs and capacity of the participants in Disaster Response• Plenary mapping of the existing capacity in the region, using the matrix |
| 13:00 – 14:00 | Lunch |
| 14:00 – 15:30 | Session Four: Determining Humanitarian Needs, Responses, and Capacities of Actors <ul style="list-style-type: none">• Based on 2 case studies, participants will determine the likely response needs in the scenario, required humanitarian responses and priority activities. Based on this, required clusters/sectors, regional capacities and well as possible gaps as well as can be identified. <p><i>Activities</i></p> <ul style="list-style-type: none">• <i>Group Exercise based on 2 case studies and plenary feedback presentation and discussion</i> |
| 15:30 –15:45 | Afternoon tea |
| 15:45 –16:45 | Session Four: continued |

16:45 – 17:00 **Conclusions and wrap up of day One**

Day Two – Thursday 17 July 2008

08:30 – 08:45 **Recap of Day 1 and Brief Presentation on OCHA’s Role**

08:45 – 13:00 **Session Five: Determining Humanitarian Gaps**

- Based on yesterday’s exercises, participants will identify humanitarian gaps in the Pacific and look for ways to address those.

Activities:

- *Group discussion and plenary feedback*

10:45 – 11:00 Morning Tea

13:00 – 14:00 Lunch

14:00 – 17:00 **Session Six: Clustering of Clusters and Countries**

- Based on the exercises of sessions 4 and 5, is it possible to see already the contours of a “Pacific Clustering” arrangement with lead agencies and cluster partners and a “classification” of countries? We can also possibly combine sectors/clusters where agency have capacities and priorities and indicate where agencies can take a potential lead role, and/or in which countries

Activities:

- *Group exercise and discussion on classification of countries.*
- *Group discussion on thematic clusters*
- *Plenary mapping based on the outcomes of the previous exercises and discussion*

15:30 – 15:45 Afternoon tea

Day Three – Friday 18 July 2008

- 08:30 – 08:45 **Recap of Day 1 and 2**
- 08:45 – 10:45 **Session Six (Continued): Plenary feedback and discussion**
- Group presentation
 - Agree on cluster leads, participating agencies, priority clusters)
- 10:45 – 11:00 Morning Tea
- 11:00 – 11:30 **NDMO/Government officials meeting**
- 11:30 – 11:45 **NDMO/Government officials plenary feedback**
- 11:45 – 13:00 **Session Eight: Cluster Response Planning**
- After a short presentation on the ToR for cluster leads and the concept of basic minimum responsibility, participants explore operationalising Pacific clusters: Review ToRs and discuss working arrangement and action points
- Activities:*
- *Group work*
 - *Plenary discussion*
- 13:00 – 14:00 Lunch
- 14:00 – 15:00 **Session Eight: continued**
- 15:00 – 16:15 **Session Nine: Agreement & Consensus building**
- Build consensus and agreement on the above and develop a road map for regional and country level roll out.
- 16.15 – 16.30 **Closing**
- Mr. Richard Dictus, United Nations Resident Coordinator, Fiji MCO
- 16.30 - **Drinks**

Appendix 9 List of Participants

| | COUNTRY /ORGANISATION | DEPARTMENT / COUNTRY | PARTICIPANT | TITLE | TELEPHONE (W) | FAX | TELEPHONE (M) | E-Mail Address |
|-------------------------------------|-------------------------|---|---------------------|---|--|--------------------|--------------------|--|
| COUNTRIES | | | | | | | | |
| 1 | Cook Is. | Emergency Mgt Cook Is | Mr. Charles Carlson | Director Emergency Management Cook Is | +682 29609 / 25494 | +682 20856 | +682 54005 | ccarlson@emci.gov.ck |
| 2 | FIJI | NDMO (Ministry of Defence, National Security, Immigration, and Disaster Management) | Mr. Joeli Cawaki | Director | +679 331 3361, (679) 331 9255 or 331 9250 (NEOC) | +679 331 9315 | +679 9964635 | joeli.cawaki@govnet.gov.fj |
| 3 | FIJI | Ministry of Health | Ms. Losalini Tavaqa | Acting Director, Pharmaceutical & Biomedical Supplies | +679 3388 000 | +679 3388 003 | | ltavaqa@health.gov.fj |
| 4 | PAPUA NEW GUINEA | Ministry of Health | Dr. Victor Golpak | Technical Adviser, Health Emergencies | +675 6834 832 | +675 3250 342 | | nonga@datec.net.pg |
| 5 | SAMOA | NDMO | Ms. Filomena Nelson | Principal Disaster Management Officer | +685 20856/20855 | +685 23176/23141 | +685 7793003 | filomena.nelson@mnre.gov.ws |
| 6 | SAMOA | Ministry of Health | Ms. Saini Va'ai | Senior Medical Officer | +685 68155 | +685 21106 | | sainev@health.gov.ws |
| 7 | SOLOMON IS | NDMO | Mr. Loti Yates | Director | +677 27937 | +677 24293 | +677 95 895 | lotiyates@yahoo.com , directordc@solomon.com.sb |
| 8 | SOLOMON IS | Ministry of Health | Ms. Judith Seke | RH Coordinator | +677 28 169 | +677 24 260 | | iseke@moh.gov.sb |
| 9 | TONGA | NDMO | Mr. Maliu Takai | Director, NDMO | +676 28215(Direct) 23100/26340 | +676 25440 | +676 76 458 | makai@kalianet.to , mowbldgs@kalianet.to |
| 10 | TUVALU | Ministry of Health | Dr. Miliama Simeona | Project Coordinator/Obstetrician | +688 20749 | +688 20832 | | m_simeona@yahoo.com.au |
| 11 | VANUATU | Ministry of Health | Ms. Apisai Tokon | RH Coordinator/Project Director | +678 22515 | +678 25438 | | atokon@vanuatu.gov.vu |
| UNITED NATIONS ORGANISATIONS | | | | | | | | |
| 12 | UNHCR | Australia | Ms. Ellen Hansen | Senior Protection Officer | +61(0)2.6281 9106 | +61 (0)2.6260 3477 | +61 (0)408 485 665 | hansene@unhcr.org |

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| | | | | | | | | |
|----|--|------------------|----------------------------|---|--------------------------|--------------------------|--------------------------------------|--|
| 13 | UNDP | Fiji | Ms. Helga-Bara Bragadottir | Governance Analyst | +679 331 2500 | +679 330 1718 | +679 9781709 | helga.bragadottir@undp.org |
| 14 | UN Resident Coordinators Office | Fiji | Ms. Eiko Narita | UN ResCor Analyst | +679 331 2500 | +679 3301 718 | | eiko.narita@undp.org |
| 15 | UNFPA | Fiji | Dr. Wame Baravilala | Reproductive Health Adviser | (679) 330 8022 Ex 110 | " +679 331 2785 | +679 992 0911 | baravilala@unfpa.org |
| 16 | UNICEF | Fiji | Ms. Emmanuelle Abrioux | Chief of Education | +679 330 0439 | +679 330 1667 | | eabrioux@unicef.org |
| 17 | UNIFEM | Fiji | Ms. Joy Tonawai | EVAW Program Coordinator | +679 330 1178 | +679 330 1654 | | joy.tonawai@unifem.org; progasst_unifem@undp.org |
| 18 | UNESCAP | Fiji | Ms. Anna de Jong | Associate Programme Officer | +679 331 9669 / 331 8174 | +679 331 9671 | | jong@un.org |
| 19 | UNDSS | Fiji | Mr. Uraia Waqa | Field Security Officer | +679 3316 752 | +679 3319 218 | +999 1682 | uraia.waqa@undp.org |
| 20 | UNOHCHR | Fiji | Mr. Romulo Nayacalevu | National Human Rights Officer | +679 331 0465; 330 1178 | +679 3310485 | | romulo.nayacalevu@undp.org |
| 21 | UNOCHA | Fiji | Mr. Peter Muller | Regional Disaster Response Adviser (Workshop Secretariat) | + 679 3316 760 | +679 3309 762 | +679 999 1664 | peter.muller@undp.org |
| 22 | UNOCHA | Fiji | Ms. Minako Kakuma | Humanitarian Affairs Officer (Workshop Secretariat) | +679 3319 715 | +679 3309 762 | +679 999 1689 | minako_ocha@undp.org |
| 23 | UNOCHA | Fiji | Ms. Suzanne Paisely | Workshop Secretariat | +679 3317 326 | +679 3309 762 | +679 9701727 | suzanne.paisley.unn.ac.uk |
| 24 | UNOCHA | Fiji | Ms. Marie Yee | Workshop Secretariat | +679 3316 760 | +679 3309 762 | +679 933 2155 | marie_ocha@undp.org |
| 25 | WHO | Fiji | Mr. Steve Iddings | Environmental Engineer | (679) 323 4100 | (679) 323 4177; 323 4166 | (679) 992 0081(M) (679) 330 3081 (H) | IddingsS@sp.wpro.who.int |
| 26 | UNFPA | Papua New Guinea | Dr. Betty Koka | National Programme Officer | +675 321 2877 | +675 321 3218 | +675 684 2885; +675 7280 8766 | koka@unfpa.org ; betty.koka@undp.org |
| 27 | UNDP | Samoa | Ms. Georgina Bonin | ARR Governance & Poverty Reduction | +685 23 670/671/672 | +685 23 555 | | georgina.bonin@undp.org |
| 28 | UNDP | Samoa | Ms. Anna Gero | Disaster Management Adviser | +685 23 670/671/672 | +685 23 555 | | anna.gero@undp.org |
| 29 | UNFPA | Samoa | Ms. Susan Faoagali | National Liaison Officer—Samoa UNICEF/UNFPA | +685 23756 ext 82614 | +685 23765 | | faoagalis@wpro.who.int |

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| | | | | | | | | | |
|----|---------------|------------|--------------------|--|----------------------------|------------------------------|-----------------|--|--|
| 30 | UNFPA | Solomon Is | Ms. Polini Boseto | Programme Analyst | National Programme Officer | +677 23375 | +677 28007 | boseto@unfpa.org | |
| 31 | UNOCHA | Thailand | Dr. Rajan Gengaje | Regional Disaster Response Adviser (Workshop Secretariat) | | +66-2 288-2572 | +66-2 288-1043 | +66-8 1916-1271 | gengaje@un.org |
| 32 | WFP | Thailand | Dr. Anthony Craig | Senior Regional Programme Advisor (Emergency Preparedness & Response), Asia Region | | +66 2655 4115 extension 2440 | +66 2659 4415 | anthony.craig@wfp.org | |
| 33 | UNFPA | U.S.A. | Ms. Elke Mayrhofer | Technical Specialist, Humanitarian Response Unit | | Tel: (1) 1-212-297 5154 | +1 212-297-4946 | mayrhofer@unfpa.org | |
| 34 | UNFPA | Vanuatu | Ms. Roslyn Arthur | UN Affairs Officer | | +678 24655 ext.11 | +678 27709 | rarthur.unicef@gmail.com | |

DONOR PARTNERS

| | | | | | | | | | |
|----|-----------------------------------|-------------|-----------------------|---|--|---|-------------------|--|--|
| 35 | Australian High Commission | Fiji | Mr. Tony Coghlan | | | +679 3388 281 | +679 3382 695 | Tony.Coghlan@dfat.gov.au | |
| 36 | Australian High Commission | Fiji | Major Paul Randall | Assistant Defence Adviser South Pacific | | +679 338 8209 | +679 338 2268 | +679 992 4874 | paul.randall@dfat.gov.au |
| 37 | EU (ECHO) | Thailand | Ms. Maria Olsen | Correspondent in East, South-East Asia and the Pacific, Regional Rapid Response Coordinator | | +66 (0) 2255 1035/6, 2651, 4091/2 ext 115 | +66 (0) 2255 1034 | +66 (0) 81 831 2880 | rrc@echo-bangkok.org |
| 38 | EU | Fiji | Ms. Annick Villarosa | Head of Sector Natural Resources & Environment | | +679 331 3633 | +679 330 0370 | annick.villarosa@ec.europa.eu | |
| 39 | JICA | Fiji | Mr. Hiroko Sannomaru | Assistant Resident Representative | | (679) 330 2522 | (679) 3302452 | sannomaru.hiroko@jica.go.jp | |
| 40 | JICA | Fiji | Ms. Nanise Young | Research Associate | | +679 330 2522 | +679 330 2452 | youngnanise.fj@jica.go.jp | |
| 41 | NZAID | New Zealand | Mr. Michael Hartfield | Development Programme Manager | | + 64 4 439 8737 | | michael.hartfield@nzaid.govt.nz | |
| 42 | NZAID | New Zealand | Ms. Sue Lancaster | Development Programme Manager | | +644 439 8218 | +64 212 621479 | sue.lancaster@nzaid.govt.nz | |
| 43 | NZAID | New Zealand | Ms. Tiffany Babington | Multilateral Programme Manager | | +644 439 8218 | +64 212 621479 | tiffany.babington@nzaid.govt.nz | |
| 44 | NZAID | Fiji | Ms. Millicent Kado | Development Programme Coordinator | | +679 3311 422 (ext 109) | +679 3300 040 | millicent.kado@mfat.govt.nz | |

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|----|--|---------------------------|------------------------|-----------------------------------|-----------------|-----------------|-----------------|--|
| 45 | NZ, MCDEM | New Zealand | Ms. Sarah Stuart-Black | Manager, CDEM Specialist Services | +64 4 495 6802 | +64 4 473 7369 | +64 27 444 1843 | sarah.stuart-black@dia.govt.nz |
| 46 | U.S. Embassy | Fiji | Ms. Debra J. Towry | Consul | +679 331 4466 | | | consularsuva@state.gov |
| 47 | (U.S.) - Asia-Pacific Center for Security Studies (APCSS) | U.S. (Honolulu, HI 96815) | Dr Alfred Oehlers | Associate Professor | +1-808-971-8961 | +1-808-971-8949 | | oehlersa@apcss.org |
| 48 | (U.S) Centre of Excellence (COE-DMHA) | U.S. (Hawaii 96859-5000) | Ms. Jessica Adler | Humanitarian Operations Adviser | +1 808 433 7387 | +1 808 433 1757 | +1 808 223 2914 | jessica.adler@coe-dmha.org |

REGIONAL ORGs/NGOs

| | | | | | | | | |
|----|---|-------------|------------------------|--|-----------------------------------|-----------------|---------------|--|
| 49 | Anglican Board of Mission Australia | Australia | Mr. Brad Chapman | Coordinator, Anglican Church's Emerg. Capability | +61 403 530 667 | +612 9261 3560 | | bradchapm@gmail.com |
| 50 | Fiji School of Medicine | Fiji | Dr. Roman Chute | Lecturer | +679 331 1700 (ext 3290) | | +679 945 1302 | r.chute@fsm.ac.fj |
| 51 | Foundation for People of the South Pacific International Regional Secretariat (FPSI) | Fiji | Ms. Roshni Chand | Regional Programme Manager - Disaster | +679 331 2250; 330 8469; 331 9993 | +679 331 2298 | | roshni.chand@fsp.org.fj |
| 52 | Habitat for Humanity | Fiji | Mr. Richard Counts | National Director | +679 331 2012 | +679 9784705 | | richardcounts@yahoo.com |
| 53 | IFRC | Fiji | Mr. Frank Kennedy | Head of Regional Office - Pacific | (679) 331 1855 | (679) 331 1406 | | frank.kennedy@ifrc.org |
| 54 | IFRC | Fiji | Mr. Martin Blackgrove | Regional Disaster Management Delegate | (679) 331 1855 | (679) 331 1406 | | martin.blackgrove@ifrc.org |
| 55 | IFRC | Fiji | Ms. Ruth Lane | | (679) 331 1855 | (679) 331 1406 | | ruth.lane@ifrc.org |
| 56 | Monash University | Australia | Professor Frank Archer | Head of Department and Professor, Dept. of Community Emergency Health and Paramedic Practice | +61 3 9904 4133 | +61 3 9904 4252 | | frank.archer@med.monash.edu.au |
| 57 | NGO Disaster Relief Forum (NDRF), NZ Council for Int'l Dev) | New Zealand | Mr. Justin Kemp | | +64 4 496 9615 | | | justin@cid.org.nz |

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| | | | | | | | | |
|----|-------------------------------|------------------|-----------------------|---|---------------------------------------|-----------------|--|---|
| 58 | OXFAM | New Zealand | Mr. Renzo Benfatto | Humanitarian Programme Manager | +64-9-355 6508 | +64-9-355 6505 | +64 (0) 21-027 08721 | renzo@oxfam.org.nz |
| 59 | OXFAM | Australia | Mr. Frederique Lehoux | Emergencies Coordinator, Pacific | +61 3 9289 9325 | +61 418 588 051 | | frederique@oxfam.org.au |
| 60 | Red Cross | Australia | Mr. Carmel Flynn | Int'l Emergencies Manager | +61 3 9345 1846 | +61 3 9348 2496 | +61 408 567 801 | cflynn@redcross.org.au |
| 61 | Red Cross | New Zealand | Mr. Andrew McKie | Head of International Dept | (644) 4723 750 | (644) 4730 315 | (644) 027 230 1983 | andrew.mckie@redcross.org.nz |
| 62 | Save the Children Fund | New Zealand | Mr. Mike Frew | Emergency Programme Manager | + 644 3817 582 | | +64 27 610 9969 | Mike.Frew@savethechildren.org.nz |
| 63 | Save the Children Fund | Australia | Ms. Karen Hill | General Manager | +61 3 9938 2020 | +61 3 9938 2099 | +61 (0) 409 550856 | karen.hill@savethechildren.org.au |
| 64 | TAF-OFDA | Fiji | Ms. Kathryn Hawley | OFDA Program Manager | +679 338 7101 | +679 338 2722 | +679 992 2955 | Hawleytaf@connect.com.fj kathryn@sopac.org |
| 65 | World Vision | Australia | Mr. Graham Tardif | Head of Humanitarian & Emergency Affairs | +61 (0)3 9287 2231 | | +61 (0) 439 119 444 | graham.tardif@worldvision.com.au |
| 66 | World Vision | New Zealand | Ms. Bonnie Jackson | Team Leader, Humanitarian & Emergency Affairs | +64-9-580 7733; 580 7700; 021 743 809 | +64-9-580 7799 | | Bonnie.Jackson@worldvision.org.nz |
| 67 | World Vision | Papua New Guinea | Mr. Tristan Clements | Manager, Humanitarian and Emergency Affairs, Pacific Development Group (PNG, Vanuatu, Solomon Is) | +675 852 3148 | +675 852 3577 | +675 650 4537; or +675 7256 0134; Iridium: +675 8816 3145 1368 | tristan_clements@wvi.org |

Appendix 10

List of Acronyms

| | |
|----------|--|
| ABM | – Anglican Board of Mission |
| ADF | – Australian Defence Force |
| ECHO | – European Commission’s Humanitarian Aid Office |
| FAO | – Food and Agriculture Organization |
| FRANZ | – France, Australia, New Zealand collaboration |
| HFH | – Habitat For Humanity |
| IASC | – Inter-Agency Standing Committee |
| IFRC | – International Federation of Red Cross and Red Crescent Societies |
| INSARAG | – International Search and Rescue Advisory Group |
| IOM | – International Organization for Migration |
| JICA | – Japan International Cooperation Agency |
| NDMO | – National Disaster Management Organization |
| NGO | – Non-Government Organization |
| NZAID | – New Zealand Agency for International Development |
| NZMCDEM | – New Zealand Ministry for Civil Defence and Emergency Management |
| OCHA | – Office for the Coordination of Humanitarian Affairs |
| OHCHR | – Office for the High Commissioner for Human Rights |
| PEMTAG | – Pacific Emergency Management Training Advisory Group |
| PIC | – Pacific Island Country |
| SCF | – Save the Children Fund |
| SOPAC | – Pacific Islands Applied Geoscience Commission |
| TAF/OFDA | – The Asian Foundation/ Office of U.S. Foreign Disaster Assistance |
| TOR | – Terms of Reference |
| UN | – United Nations |
| UNDP | – United Nations Development Programme |
| UNESCAP | – United Nations Economic and Social Commission for Asia and the Pacific |
| UNIFEM | – United Nations Development Fund for Women |
| UNFPA | – United Nations Population Fund |
| UNHCR | – United Nations High Commissioner for Refugees |
| UNICEF | – United Nations Children’s Fund |
| UN RC/HC | – United Nations Resident Coordinator/Humanitarian Coordinator |
| USAR | – Urban Search and Rescue |
| USG | – United States Government |
| WFP | – World Food Program (United Nations) |
| WASH | – Water, Sanitation and Hygiene |
| WHO | – World Health Organization (United Nations) |
| WVI | – World Vision International |