

Evaluation
UNICEF's Response to Tropical Cyclones Vania & Atu
Vanuatu



Vanuatu Field Office
UNICEF Pacific
Evaluation on Tanna 22nd- 5th August, 2011
September 2011

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Executive Summary

At the start of the year in 2011 two tropical cyclones of category two and four strength passed through the southernmost province of Vanuatu, TAFEA province. The extent of damage caused by the cyclones consist of 1) widespread damage to subsistence food and cash crops that could cause serious food and income shortages expected to last for three to seven months, 2) poor water, sanitation and hygiene conditions and damage to water infrastructure 3) widespread gastro and respiratory health issues with limited access to medications and limited monitoring of health cases which were likely to worsen, 4) damage to traditional-housing.

Donor agencies, NGO's and other civil organizations were approached on supporting the vulnerable communities. UNICEF as a key partner for government and as cluster leader for WASH, Nutrition and Education pledged support in the following areas of 1) WASH coordination with support from agencies in the WASH cluster addressing the damaged water systems and undertaking urgently needed repairs, 2) improve monitoring of the health situation in the communities, 3) provision of health supplies to the various health facilities, 4) technical assistance to NDMO regarding the nutritional aspects of planning food rations 5) assess schools in the cyclone stricken areas to support the MoE make informed decisions on what resources should be provided to the impacted schools.

TAFEA Province is the site of UNICEF's 'convergence programme' in Vanuatu, bringing together high-impact interventions in health, water and sanitation, education, HIV/AIDS prevention and protection. Safeguarding investments in children's well-being and development also shaped UNICEF's emergency response.

This study evaluates the effectiveness of UNICEF's response in support to the government of Vanuatu in responding to the needs of the people and children of TAFEA affected by TC Vania and TC Atu following a six month period. The evaluation will also help to gage the overall impact of the cyclone on the well-being of children in the context of UNICEF's 'convergence programming' in TAFEA, in areas of Health & Sanitation, Education, HIV/AIDS and Child Protection.

The structure of the evaluation findings are based on UNICEF's *Core Commitments for Children in Humanitarian Action*. These commitments outline the organization's role in providing assistance to children, and ensure a timely and reliable and holistic response in emergencies. Data was sourced from stakeholders involved in the emergency, from national/subnational databases in government and from community members. Data collection utilizes the following methods 1) desk reviews of evaluations, situation reports, minutes and national/subnational database records, 2) Key informant interviews at the facility level, 3) household surveys at the community level, 4) Focus group discussions.

Main limitation in the above methodology was the capture of data at household level based on sampling size due to the unavailability of caregivers, terrain and weather conditions. Sampling strategy was changed to existing cultural meeting strategies of meeting points/ 'nakamals', (Meeting areas).

The findings of the evaluation show UNICEF support towards the affected communities of Tanna has progressed well with timely delivery of services. Of concern, the following areas need to be addressed in order to improve service delivery

- a) It was noted in the evaluation that some households did not receive the UNICEF provided services, (WASH Kit distribution, one per household), in the area where UNICEF distributed WASH kits. The evaluation showed that not enough households had been planned for in the distribution of WASH kits. The household count for future initiatives will need to be further assessed taking into consideration population growth, migration patterns and the makeup of households, (What constitutes a household as per official definition), to ensure coverage of all most affected.
- b) An area that needs to be addressed further is communication or information provision to caregivers on safe practices in water use, hygiene & sanitation and protection issues. The issuance of UNICEF brochures containing key protection messages during emergencies is important; however, these messages will have more impact if discussions also take place during handover in order to bring about behavioral change.
- c) Education in emergencies is also a priority as schools were not versed nor had they plans in place to address such disaster situations. Priority areas to be addressed should focus on utilizing funding as per grant conditions for immediate repairs; WASH issues, ensuring safe water source and gender-segregated and appropriate sanitation facilities if damaged;
- d) Nutrition, having plans in place to support children coming from families affected by the cyclone by providing support and nutritious meals to keep children in school as well as alleviating some of the burden on the care-givers.

We also need to ensure that our support does not decrease the resilience of the communities that we support; by doing so we decrease the independence of communities to cope with calamities.

By addressing these issues we can enhance and streamline our efforts towards reaching those most in need after a cyclone.

Acronyms

CCC	Core Commitments for Children in Humanitarian Action
DWA	Department of Women’s Affairs
FGD	Focus Group Discussions
HHI	House Hold Interviews
HIS	Health Information System
KII	Key Informant Interviews
NDMO	National Disaster Management Office
M&E	Monitoring & Evaluation
MoE	Ministry of Education
MoH	Ministry of Health
NSO	National Statistics Office
PERT	Pacific Emergency Response Team
PTAG	Provincial Technical Advisory Group Comprising of Provincial Governmental departmental representatives, Women’s Centre, World Vision
RWS	Rural Water Supply, (Government Department)
TC	Tropical Cyclone
PWD	Public Works Department
VBTC	Vanuatu Broadcasting and Television Corporation
VFO	Vanuatu Field Office

Background

On the 12th of January tropical cyclone Vania, a category 2 cyclone passed through the province of TAFEA in the south of Vanuatu. On the 22nd of February, category 4 tropical cyclone Atu passed over TAFEA. TAFEA comprises of 5 islands, Erromango, Tanna, Aniwa, Futuna and Aneityum. The population size of TAFEA as per the 2009 census, (See Annex A), was 32,540 where predominantly Tanna has the majority of the TAFEA population at 28,799. An NDMO led team of assessors comprised of joint UN-Government and NGO assessment personnel reported back to the national emergency committee the following findings:

- Widespread damage to fruit, root and cash crops causing serious food and income shortages expected to last for 3 to 7 months
- Poor water, sanitation and hygiene conditions as well as cyclone damage to water infrastructure
- Widespread pre-existing gastro and respiratory health issues with limited access to medication and limited monitoring of health cases which were likely to worsen
- Damage to traditional-housing

Critical areas highlighted according to the assessment criteria include:

1) Emergency related issues:

- Limited food supply raising concern on nutritional standards as crop damage had been severely affected and would require 6-8 months recovery timeframe. Reliance on home gardening to support family needs is common in TAFEA as gardens supply family needs with surplus sold to purchase goods and services.
- Damaged water systems are cause for concern in health and sanitation as only 10% of households have direct access to a piped water system into homes. The majority of community members rely on communal water systems fed from surface water, piped from water catchment areas upstream to the communal distribution point and from communal wells. Due to the cyclone, water catchment collection areas were damaged and ground water contamination occurred due to flooding. The villages no longer had access to piped systems and would rely on surface water for their needs; safe drinking water had to be transported in containers, also in short supply.
- Traditional shelters suffered the most damages, sometimes livable but prone to leakages. Permanent structures have withstood largely without damage for the most part though the few permanent structures that had suffered from the impact are school buildings and health facilities.
- In the education sector, the year had not officially started so children were not impacted. At the start of the school year the areas to address were damages to school buildings and how better to assist schools with repairs. The concern for parents who

...e a living from the land to pay for school fees also had to be addressed as secondary schools are not fee free.

2) Ongoing development issues further aggravated by the cyclones:

- Health complaints were a common occurrence involving diarrhea, fever, respiratory issues, eye and skin problems. Reproductive health was also identified as a priority need. Generally, health centers and aid posts have few to no drugs in stock and lack staff. There also appeared to be no continuous monitoring of health complaints in TAFEA province
- Hygiene practices are considered poor by most villagers with complaints of animals defecating around homes and water holes
- Lack of access to women's sanitary kits and limited use of soap
- The health HF radio system not functioning to its full capacity
- Protection issues to be dealt with concern domestic violence and sense of insecurity in the neighboring areas around communities. Of particular concern is the fear of sexual abuse voiced by communities with regard to the safety of women and girls on their own outside of the village.

Measures that were recommended to help alleviate the highlighted issues arising from the evaluation comprised of:

- Provide advice on food assistance package for 3 months to support the lack of staples in the diet, (Depleted local food source i.e. cassava, taro, yams, sweet potato, plantains)
- Assess damage to water installations and repair of broken facilities as a matter of urgency
- Improve monitoring of illnesses related to poor water, hygiene and nutrition.
- Improve availability of drugs for health centers
- Assess school facilities and undertake repairs prior to the new academic year
- Propose financial assistance to families to alleviate burden of fees associated with schooling of children

Donor agencies, NGO's and other civil organisations were approached on what support could be provided to assist those affected. UNICEF as a key partner for government and as cluster leader for WASH, Nutrition and Education pledged support to the government in the following areas:

- Provision of WASH support and coordinating supporting agencies to address the damaged water systems and undertake urgent repairs
- Improved monitoring of the health situation of community members
- Provision of health supplies to the various health facilities

- Technical assistance to NDMO regarding the nutritional aspects of planning food rations
- Assess schools in the cyclone stricken areas to support the MoE make informed decisions on what resources should be provided to the schools affected. UNICEF as a pool partner supports the MoE in the Sector Wide Approach, (SWAp), through pool funding.

This study evaluates:

1. The effectiveness of UNICEF’s coordination of the WASH cluster
2. UNICEF’s response in responding to the needs of the people and children of TAFEA affected by TC Vania and TC Atu in the areas of WASH, health, nutrition, education, HIV/AIDS and protection.

UNICEF Support Provision In Response To TC Vania and TC Atu

The following matrix provides an overview of UNICEF support to government in responding to TC Vania and TC Atu. Included in the matrix are partners of UNICEF involved in the response support.

Table 1 Agency support to the Vanuatu government for the various interventions in TAFEA, Tanna

Activity	Agencies on the ground	UNICEF Assistance	UNICEF Pledge
WASH Support through repairs of water systems	<ul style="list-style-type: none"> • UNICEF, (Cluster lead) • Vanuatu Red Cross • ADRA • Oxfam • Rural Water Supply • MoH • TAFEA Provincial Council 	<ul style="list-style-type: none"> • Funding agreements • Technical expertise • WASH Cluster leader and Chair 	<ul style="list-style-type: none"> • US\$ 25,000, (Government of Luxemburg) • US\$ 14,516, (UNICEF NZ National Committees)
Analysis of nutritional intake of community members	<ul style="list-style-type: none"> • UNICEF • Oxfam • MoH • TAFEA Provincial Council 	<ul style="list-style-type: none"> • Transportation and logistics cost • Technical expertise 	
Provision of 750 WASH kits for distribution at the	<ul style="list-style-type: none"> • UNICEF • TAFEA Provincial 	WASH kits containing: <ul style="list-style-type: none"> • 2 x 20 litre 	<ul style="list-style-type: none"> • Replenishment of UNICEF warehouse

community level, (Middle Bush)	<ul style="list-style-type: none"> • Council • PTAG members 	<ul style="list-style-type: none"> • collapsible water containers • 2 x pkts water purification tablets • Pocket-size brochures • 1 bar of soap 	supplies, USD\$ 18,544, (AusAID)
Provision of health supplies to health centers	<ul style="list-style-type: none"> • UNICEF • TAFEA Provincial Council • MoH 	<ul style="list-style-type: none"> • 4 x emergency health kit • 4000 ORS 	
Protection messaging	<ul style="list-style-type: none"> • UNICEF • DWA • MoH 	<ul style="list-style-type: none"> • Radio spots with messages on the protection of children • Health workers advising community members on HIV/AIDS 	
Assessment of Educational Facilities	<ul style="list-style-type: none"> • UNICEF • MoE 	<ul style="list-style-type: none"> • Transportation and logistics cost • Technical expertise 	

Evaluation time frame

The evaluation timeframe for TC Vania and TC Atu was scheduled to take place 6 months after impact. The decision for this timeframe was to ensure that the proposed interventions in the months after impact would have taken place and the response from the interventions could be measured in terms of visible changes and documented evidence over time to determine impact. By doing so, parallels can be drawn to determine whether changes were brought about by the interventions and to address lessons learnt that can be brought to the attention of the stakeholders for future interventions. UNICEF's support to government can be better assessed to determine whether we are indeed tackling the core issues affecting the populace brought upon by cyclone disasters.

Evaluation framework Benchmark

The evaluation framework used is based on the Core Commitments for Children, (See Annex B), which addresses key benchmarks of relevance in this particular scenario. The evaluation framework stipulates the commitment with applicable benchmarks measurable through specific indicators gathered through various evaluation tools. The areas covered in the evaluation framework are listed below:

- Rapid Assessments: Monitoring and Evaluation: humanitarian action for girls, boys and women is timely, effective and efficient
- Nutrition: The nutritional status of girls, boys and women is protected from the effects of humanitarian crisis
- WASH: Girls, boys and women have protected and reliable access to sufficient, safe water and sanitation and hygiene facilities
- Health: Excess mortality among girls, boys and women in humanitarian crisis is prevented
- Child Protection: Girls' and boys' rights to protection from violence, abuse and exploitation are sustained and promoted
- Education: Girls and boys access safe and secure education and critical information for their own well-being
- HIV: Vulnerability to HIV infection in humanitarian crisis is not increased and HIV-related care needs arising from an humanitarian crisis are met
- Media & Communications: Operational commitments
- Resource Mobilization: Operational commitments
- Finance & Administration: Operational commitments

Methodology

The evaluation framework governs the scope of the evaluation methodology. The methodology covers data source, data collection methods and analysis, sampling method, reference indicators, benchmarks and limitations to the evaluation exercise.

The data collection scoping exercise was sourced at the national and at the subnational level. At the national level, desk reviews and KII formed the basis of the evaluation whilst at the sub national level KII, HHI questionnaires and FGDs are used to source information, (See Annex C). At the national level key ministries involved in the discussion on data sourcing include NDMO as Chair of the emergency committee and focal agency for emergency response, NSO as population disaggregation data repository source, MoH for health related information, MoE for student enrolment data, school grants and school improvement programme. At the provincial level tools used for gathering information include KII for the TAFEA provincial council staff and members of PTAG, Health and Education facilities. HHIs are undertaken at the community level with selective members of households, namely mothers with children aged six months to five years. Depending on whether enough community members are present, focus group discussions were undertaken.

For the desk review, quantitative measurements addressed would be percentage of occurrence for a particular theme such as the number of indicators in a rapid assessment reporting on nutrition or on boolean values such as yes or no on the occurrence or lack of, of a particular service. Other quantitative measures would be exact figures such as the number of women who received basic WASH kits in the affected area. In the KII and HHI, the quantitative measure would be the number of boolean values verses the sample size such as the number of children within a certain age bracket diagnosed with diarrhea verses the expected number of children within that particular age bracket. For qualitative measurement the measure was based on a range category such as the extent of damage to schools being either low, (Classrooms with leakage), medium, (Traditional huts with thatch blown off), extensive, (Semi-permanent and permanent building collapse or deemed unsafe); visual observation on extent of damage was used to categorize damage.

The data gathered through the above tools were entered into an excel spreadsheet for analysis and disaggregated according to area councils covered during the evaluation. Based on the number of the questionnaires, the responses per total indicate the impact of the intervention. Note that the disaggregation of information at the village or community level is not available from NSO.

Sampling strategy

Due to the environment, (Terrain and weather conditions), traditional nuclear/ extended village setup, (sprinkling of family sized villages), and traditional farming practices, (Families departing for the gardens in the early hours of the morning), accessing households/ caregivers a formal sampling strategy sampling strategy would be difficult. In practice, the

method chosen was through communal gathering at ‘nakamals’ and other local community meeting points. Messages were relayed to the area secretaries and chiefs via mobile telephony, via radio CREST FM and word-of-mouth where accessibility to mobile coverage was non-existent. At the community level a nakamal or meeting place will cater for several communities in the surrounding area.

Localities

Based on the reports derived from the Desk Review extracted from rapid assessments, situation analysis and reports, the most affected as well as the distribution listed areas were selected for evaluation. Hard to reach areas and areas outside this periphery of most affected were also chosen to quantify the extent of deprivation. The following table shows the evaluation areas.

Table 2. UNICEF assisted distribution localities

Area	Distribution	Evaluation of Communities in most affected area	Evaluation of communities in less affected areas	Health Facility	Education Facility
West Tanna	<ul style="list-style-type: none"> Basic Health kits 		<ul style="list-style-type: none"> Louneilapen Lowineo Kwatabaran Ialia Labnuman Imaeou Lapnuman 	<ul style="list-style-type: none"> Lenakel Hospital 	<ul style="list-style-type: none"> Yapilmai Primary School Louneilapen Etap Kwatabaren Adventist
Middle Bush	<ul style="list-style-type: none"> WASH kits Basic Health kits 	<ul style="list-style-type: none"> Leinabuas Lamenaurea Lounepkalualua Lamnuman Lamapek Launaula Lolibang Lamnatu Laumpkalangis lenaken 		<ul style="list-style-type: none"> Lamlu Dispensary Laniaru Dispensary 	<ul style="list-style-type: none"> Lamlu Primary School Lamnatu Primary School Imaru Primary Catholic School
White Sands	<ul style="list-style-type: none"> Basic Health kits 		<ul style="list-style-type: none"> Ienmakel Koromanu Launara Louniel 	<ul style="list-style-type: none"> Koromanu Dispensary 	<ul style="list-style-type: none"> Iqamaru Primary Ienmakel Ecole Primary
South West Tanna	<ul style="list-style-type: none"> Basic Health kits 		<ul style="list-style-type: none"> Green Point 		<ul style="list-style-type: none"> Iueti
North Tanna	<ul style="list-style-type: none"> Basic Health kits 				<ul style="list-style-type: none"> Green Hill Primary School Lenaken Bilingual Primary

					School • Fetukai Center School
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At the beginning of the facilitation for HHI and FGD, the evaluation team formally addressed the community on the reason for this evaluation exercise to avoid any pre-conceived notion of further distribution expectations. Due to the nature of the services provided, adults as care-givers were the recipients of the intervention; hence only adults were involved in the evaluation process. During the initial facilitation process and prior to commencement of interviews, interviewees were informed of their rights in participating in this exercise and the confidentiality of their responses. The interviewees were also informed that the information provided would assist the government and UNICEF in better addressing service delivery for future emergency interventions.

The mothers with children aged 6 months to five years were taken aside and interviewed separately by female members of the evaluation team. In circumstances where there are a lot of mothers present then the task of interviewing was taken up by the male members in the evaluation team. Depending on the number of community members present, FGDs would take place when there were adequate numbers. The optimum number of members for a FGD gathering at this level was set at five. Traditional/ 'Kustom' areas in the evaluation area selection, often men would accompany the women and would normally be the spokesperson for their partner. In this instance, the FGD would be the process to separate the men from the women so dialogue with the women would not be impeded.

With regard to KII, persons who were responsible for providing the relevant information for the distribution and for knowledge of population localities affected by the TC within their jurisdiction were contacted for information on service delivery.

The following matrix shows the evaluations for the different areas of responsibility.

Table 3. Evaluation tools in use at the various facilities and localities and target groups/ persons

Tool	Agency/ Community focus	Responsible person(s)
Desk Review	<ul style="list-style-type: none"> • MoH • MoE • NDMO • TAFEA Provincial Council • UNICEF 	<ul style="list-style-type: none"> • Statistician Lenakel Hospital, MoH • Principals, Head teachers • Research & Planning officer • Assistant Secretary General • UNICEF programme staff
HHI	<ul style="list-style-type: none"> • West Tanna community • Middle Bush community • White Sands community • South West Tanna community 	<ul style="list-style-type: none"> • (For all areas, AND/ OR), Seek permission from the responsible person outlined below prior to community facilitation <ul style="list-style-type: none"> ○ Chiefs ○ Chief spokesperson ○ Area secretary

		○ Area councilor
KII- Health Facility	<ul style="list-style-type: none"> • West Tanna • Middle Bush • White Sands 	<ul style="list-style-type: none"> • Nurse-in-charge • Nurse-aid • Statistician Lenakel Hospital, MoH
KII- Education Facility	<ul style="list-style-type: none"> • West Tanna • Middle Bush • White Sands • South West Tanna • North Tanna 	<ul style="list-style-type: none"> • Principal • Head mistress • Head teacher

Limitations

The terrain and weather patterns posed the major hurdle in the evaluation process. During the evaluation process the road leading to South Tanna was closed. Arteriole roads leading off from the general road from West Tanna through Middle Bush to White Sands were deemed risky with a high chance of the vehicle getting bogged in the mud.

The respective targeted population can be difficult to assemble due to current gardening schedules and the distances between the small communes. However, some areas have a dedicated day set aside for communal activities such as fund-raisers, meetings, community clean-ups. Selecting these days for evaluations will allow for a larger sample selection. Knowing what days are assigned prove difficult when communication to the location is non-existent.

Stakeholder participation in the evaluation team

Participants invited to become part of the evaluation team travelling to Tanna were sourced from the key ministries involved in the initial assessment early in the year. Participants chosen have played a role in the initial assessment team and are also focal persons in emergency.

Table 4. Evaluation team roles and responsibilities

Participant	Organization	Location	Job Description	Role in evaluation	Assessment Role during TC Vania/ TC Atu
Peter Korisa	NDMO	National	Research & Planning officer	<ul style="list-style-type: none"> • Understands local language • Location advisor • Evaluator on HHI, KII, FGD 	<ul style="list-style-type: none"> • Rapid Assessment • Distribution of food relief
Pakoa Rarua	MoH	National	WASH, Environmental Health officer	<ul style="list-style-type: none"> • Evaluator on HHI, KII, FGD 	<ul style="list-style-type: none"> • WASH Cluster member
Virana Lini	MoE	National	Education in Emergencies officer	<ul style="list-style-type: none"> • Evaluator on HHI, KII, FGD 	

				<ul style="list-style-type: none"> • Bursar • Gender role facilitator 	
David Tovovur	TAFEA Provincial Council	Provincial	Assistant Secretary General	<ul style="list-style-type: none"> • Team leader • Community liaison • Location advisor • Evaluator on HHI, KII, FGD 	<ul style="list-style-type: none"> • Rapid Assessment • Distribution of food relief • WASH support
Selwyn Tangabu	TAFEA Provincial Council	Provincial	Planner	<ul style="list-style-type: none"> • Understands local language • Location advisor • Evaluator on HHI, KII, FGD 	<ul style="list-style-type: none"> • Distribution of food relief
Rex Nikahi	TAFEA Provincial Police Headquarters	Provincial	Police Inspector	<ul style="list-style-type: none"> • Evaluator on HHI, KII, FGD 	<ul style="list-style-type: none"> • Distribution of food relief
Andrew Siake	TAFEA PWD	Provincial	PWD Administrator	<ul style="list-style-type: none"> • Evaluator on HHI, KII, FGD 	<ul style="list-style-type: none"> • Distribution of food relief
Christina Lulu-Karae	UNICEF	National	Education officer	<ul style="list-style-type: none"> • Evaluator on HHI, KII, FGD • Gender role facilitator 	
Patrick Shing	UNICEF	National	M&E officer	<ul style="list-style-type: none"> • Technical advisor • Evaluator on HHI, KII, FGD 	<ul style="list-style-type: none"> • Rapid Assessment, (TC Atu)

The inclusion of women in the evaluation team ensures that interviews and discussions with some mothers will allow for a less stunted response in order to gauge the impact to this care giver. In TAFEA women have a prominent role in providing care and nurturing for children however the spokesperson for the family or family head is usually a role reserved for men.

In some areas of Tanna the three official languages of Vanuatu are not spoken or understood. It was therefore necessary to seek team members who understand both the culture of the place as well as



the dialect of the area. Knowledge of culture and particular customs of the area is important as entry or dialogue with the inhabitants of the community may depend on how the introductions and the facilitation processes are carried out at the beginning.

Christina and Virana conducting HHI 1

Evaluation Findings

The evaluation findings cover UNICEF’s interventions in response to TCs Vania and Atu. Findings are based on the CCCs, and as such, cover a broad range of emergency commitments. Interventions considered a priority for this specific emergency and the primary focus of the response and UNICEF cluster leadership has been highlighted. The evaluation considers whether UNICEF’s interventions were timely, adequate and effective in ensuring that children’s well-being was supported following the emergency.

Note prior evaluations were completed by other entities and as appropriate, key findings have been included in order to enable a comprehensive overview and evaluation of UNICEF’s response and to facilitate management response. A mention of all responses is indicated here in order to provide an overview of all interventions undertaken towards TC Vania and TC Atu by UNICEF.

Table 5. UNICEF interventions, activity and outcomes as per the CCC framework guideline

UNICEF intervention	Activity	Outcomes	Comments
Rapid assessment, monitoring and evaluation			
Support government in assessment of TC Vania/ TC Atu in Tanna and the outer islands of TAFEA.	<ul style="list-style-type: none"> Part of rapid assessment evaluation team Transportation costs 	<ul style="list-style-type: none"> Evaluation of sites affected by the cyclones with feedback linked to support required 	
Nutrition			
Analysis of nutritional intake of community members	<ul style="list-style-type: none"> Transportation and logistics cost Technical expertise 	<ul style="list-style-type: none"> Provision of information needed to inform decision makers on appropriate and timely interventions for improved food security and nutritional outcomes. 	Assessment covered by UNICEF nutritional unit; March/ April 2011.
WASH			
Leadership of UNICEF WASH	<ul style="list-style-type: none"> Coordination of WASH cluster 	<ul style="list-style-type: none"> Evaluation of water systems in 	Evaluation covered by Steve Barton;

cluster	activities	TAFEA affected by TC Vania and TC Atu.	April 2011.
WASH Support through repairs of water systems in TAFEA with WASH partners	<ul style="list-style-type: none"> • Provision of repair materials and shipment to TAFEA • Utilization of UNICEF WASH experts for guidance • Labour costs • Transportation costs • Coordination of installations 	<ul style="list-style-type: none"> • Repair of water systems in TAFEA, (11 area councils) • Families in affected areas have access to clean water 	
Provision of 750 WASH kits	<ul style="list-style-type: none"> • Dispatch 750 WASH kits from UNICEF warehouse, (2 x 20 litre collapsible water containers, 2 x packets water purification tablets, Pocket-size brochure, 1 bar of soap) to effected areas 	<ul style="list-style-type: none"> • Families have access to potable water are knowledgeable about safe and hygienic practices in the aftermath of the cyclone 	
Health			
Provision of basic health kits to Lenakel hospital for further distribution to health facilities around Tanna	<ul style="list-style-type: none"> • Provision of health supplies, (4 x emergency health kits, 4000 ORS sachets) • Transportation costs 	<ul style="list-style-type: none"> • Families have access to medicines and other health related material from the local health facility in the aftermath of the cyclone • Health facilities are equipped to handle health issues arising 	

		from TC Vania & TC Atu	
Child Protection			
Provision of protection messaging via radio stations	<ul style="list-style-type: none"> • Creation of content for airing • Airtime costs 	<ul style="list-style-type: none"> • Families are informed on safe practices and the protection of children in the event of a cyclone 	
Education			
Assessment of Educational Facilities	<ul style="list-style-type: none"> • Transportation and logistics cost • Technical expertise provision in the undertaking of the assessment 	<ul style="list-style-type: none"> • Provision of information to MoE for informed decisions on support to schools impacted by TC Vania & TC Atu 	
HIV/AIDS			
Health practitioners are knowledgeable in the area of HIV/AIDS and can impart knowledge to community members	<ul style="list-style-type: none"> • Training of health practitioners in the area of HIV/AIDS 	<ul style="list-style-type: none"> • Families are provided with the right information in the prevention and caring of HIV/AIDS related illnesses 	
Fundraising and Media & Communication			
<p>Budget and funds</p> <p>Information briefs and media releases</p> <p>Funding assistance</p>	<ul style="list-style-type: none"> • Seek funding assistance from potential donors • Information briefs, media releases are provided to news agencies, National Committees 	<ul style="list-style-type: none"> • Activities in areas of WASH supplies, health supplies assessments and mobilization are funded • Increased awareness of the cyclone impact on children and women • Increased visibility for UNICEF and 	

		partners emergency response	
Operations (Security ICT, Supply and Logistics, Finance and Administration)			
Payment procedures, travel arrangements, supplies requests	<ul style="list-style-type: none"> • Payments WASH supplies • Air fare, travel, transportation and DSA and associated costs • Procurement of UNICEF supplies and dispatch 	<ul style="list-style-type: none"> • The operations in areas of payments, supplies requests, transportation and travel procedures are timely and support the initiatives towards TC Vania/ Atu 	

Rapid assessment, monitoring and evaluation

The initial rapid assessment was conducted by key partners under the leadership of NDMO. The rapid assessment utilized the NDMO supplied assessment tool for the purpose of assessing cyclone related damage.

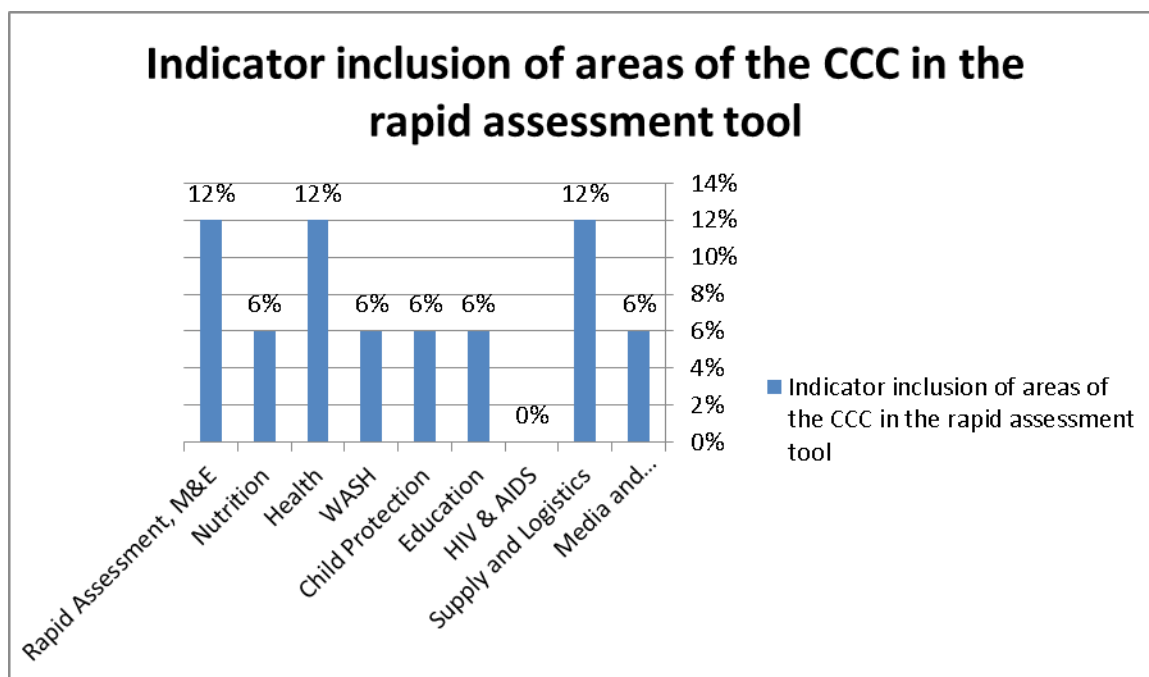
Key findings and recommendations on the rapid assessment

TC Vania passed through TAFEA on the 12th-14th of January. The initial rapid assessment was conducted seven days after TC Vania had passed through TAFEA. The delay in the rapid assessment response not being within the 48-72 hours timeframe was due to delay in emergency partnership agreements and the lack of urgency by key government agencies in undertaking an assessment.

All key partners were present in the evaluation comprising of UNOCHA, UNICEF, NDMO, Meteorological Office, TAFEA Provincial Council admin and PTAG. The rapid assessment was approved by government through the office of NDMO.

The rapid assessment tool used was designed by UNOCHA for Vanuatu Government usage. The comparison on percentage of indicators reflected in the assessment tool covering the various areas in the CCC are indicated below. As noted, questions on rapid assessment, M&E, health and supply & logistics take precedence. No mention is made on HIV & AIDS. Resource mobilization and Finance & Administration are covered but not measurable by this tool.

Fig.1. CCC reference within the government rapid assessment tool



Sections of the UNOCHA assisted Vanuatu government assessment tool as a whole addressing programmatic areas within the CCC. Note that HIV and AIDS have no mention in the rapid assessment tool.

Gender issues were also covered in the questionnaire. The subgroup questionnaire was designed to also address households headed by women. Gender issues were also covered in relation to areas such as the crisis affecting male and female/boys and girls, single headed households headed by male or female. The assessment team ratio also included women and men though the initial assessment head count for the 19th-20th January on Tanna consisted of six women and thirty-two men. The following table best describes the number of women and men involved in the various assessments.

Table 6. Addressing gender balance in assessments and inclusion of gender headed households

No. of assessments	Assessment type	No. of women	No. of men	Methodology documented	Gender headed HH in method
1	TC Vania rapid assessment 19 th -20 th January	6	32	No	No
2	TC Atu rapid assessment 26 th February	2	4	No	No
3	Education school assessment 23 rd March	4	1	Yes	N/A
4	Nutrition monitoring	Unknown	Unknown	Yes	Yes

The rapid assessment reports reporting on the type of methodology for household selection and for the gender headed household cannot be substantiated for the majority of the reports.

The rapid assessment tool used in the initial assessment did not cover all areas outlined in UNICEF's CCC as well as the key areas outlined in 'Emergency Field Handbook- A guide for UNICEF Staff'. The standard form as used by NDMO is more in relation to the well-being of the general population than towards specific age groups and gender disaggregation.

The decision on member inclusion in the rapid assessment was based on availability of trained staff within key ministries and partner agencies. UNICEF's role in the rapid assessment was as an assessor using the pre-defined standard NDMO assessment form.

Future assessment forms will need to be re-designed however any changes must be endorsed by NDMO. Re-designing the assessment form may prove difficult as the number of agencies who support emergencies would also like to see their own criteria addressed in assessments as well; hence the form will become unwieldy. However, there is still a need to ensure that vulnerable groups, particularly children are included considering the fact that children make up 47% of the population, (18 years and under; 2009 Census).

Nutrition

This nutritional component addresses the initial UNICEF led nutrition surveillance evaluation in March/ April and the current evaluation. The UNICEF led nutrition surveillance evaluation was carried out in March/ April. The surveillance evaluation addressed the provision of information to inform decision makers on appropriate and timely interventions for improved food security and nutritional outcomes. Specific objectives looked at

- Monitoring the impact of the two cyclones on the nutritional health of women and children
- Collection of pertinent information on household practices that may underlie the observed nutrition situation
- Provide a better perspective on planning assessments targeting the most vulnerable in future interventions
- Development of a refined monitoring tool that can be used for further surveillances and as a template for future surveillance activities in response to emergencies.

Area of coverage for the nutrition surveillance was throughout TAFEA. The method of evaluation was effective enough to enable a conclusive snapshot of the nutritional status of children following the two cyclones. Through use of trained health workers and a questionnaire designed to probe into eating habits and environmental stress on food sources, an understanding of impact from the cyclone was established. Suggested interventions were also included when the results triggered a below standard attainment of feeding practices and food source.

Key findings on nutrition surveillance

The findings as reported in the initial assessment document in March/April show a positive outlook for the care of young children¹:

- Assessment shows 69% of children under 6 months were exclusively breastfed. This appeared to be higher than that measured in MICS which was estimated national at 40% and 65% for TAFEA. With a high rate of exclusive breastfeeding it is expected that infants will be protected from malnutrition.
- High exclusive breastfeeding rates and age of introduction of complementary feeding reported. Complementary feeding and continuing breastfeeding practiced by a high proportion of mothers including having adequate meals, (MUAC indicated that 95% of children were of normal nutritional status).

However the extent by which adequate nutritional requirements could be sustained for older children and over time, younger children would have been impacted by the following and would be difficult to determine without further monitoring of the situation:

- Majority of households were dependent on gardening and fishing and other tourism related activities (basket weaving) as main source of income. The destruction of gardens would have resulted in inadequate nutritional diet affecting both adults and children.
- Family nutrition requirements reduced due to reduced meals consumed
- Root crops and leafy vegetables were grown in the early recovery period however extent of availability and consumption during current period may show improvement in nutritional standard
- Provision of vitamin A by MoH.

Main recommendations derived from the nutritional monitoring addresses firstly the need for the use of other anthropometric indicators and micronutrient assessments for a further in-depth analysis than what was used and which can be incorporated into a superior evaluation tool.

There needs to be more community awareness on healthy living and to reinforce good practices at the community level which includes food assistance post cyclone following a proposed two month period to discourage dependency and encourage people to use their own resources, and to stress that it is a stop gap measure only. There is also a need for further strengthening of agricultural rehabilitation programmes given that rural communities are dependent on subsistence agriculture hence the most sustainable option in maintaining good nutrition.

¹ DRAFT_Nutrition_surveillance_Report_1_-_TAFEA_09-11-11[1]; UNICEF

Current assessment method

This current evaluation addresses children's nutritional status post-cyclone. The data was collected at both the health facility level and at the MoH statistical unit. Nutritional needs of children need to be carefully monitored after a cyclone due to the lack of harvested food crops from the garden such as vegetables, root crops and fruits. For families in Tanna, majority of households are dependent on growing food in their gardens for their own consumption and to sell the surplus to pay for shop items and other services such as health and education.



Local emergency cyclone food, 'nepatum'

The evaluation addresses whether in this current period, children's nutritional status was broadly affected by the two cyclones. It should be noted that the government through the NDMO provided blanket food support, (Rice), and seed distribution to address the food shortage as a result of the cyclone damaged gardens inability to produce food within the first couple of months following the cyclones. The evaluation does not look at the specific effectiveness and impact of the NDMO support, but instead looks more broadly at malnutrition reporting in the months following the cyclones.

In Middle Bush and White Sands it was noted that information and support in nutritional recommended practices in emergencies, i.e. boiling water, hand washing, breast feeding, complementary breast feeding, nutrition of pregnant/ breastfeeding mothers were provided to mothers by the health worker.

Records kept at the health facilities of malnutrition concerns covering children under five years of age were researched to determine cases of malnutrition and whether in a same period the previous year whether there was a marked difference. The indication of a difference could point to cyclone induced stress on availability of nutritious food sources.

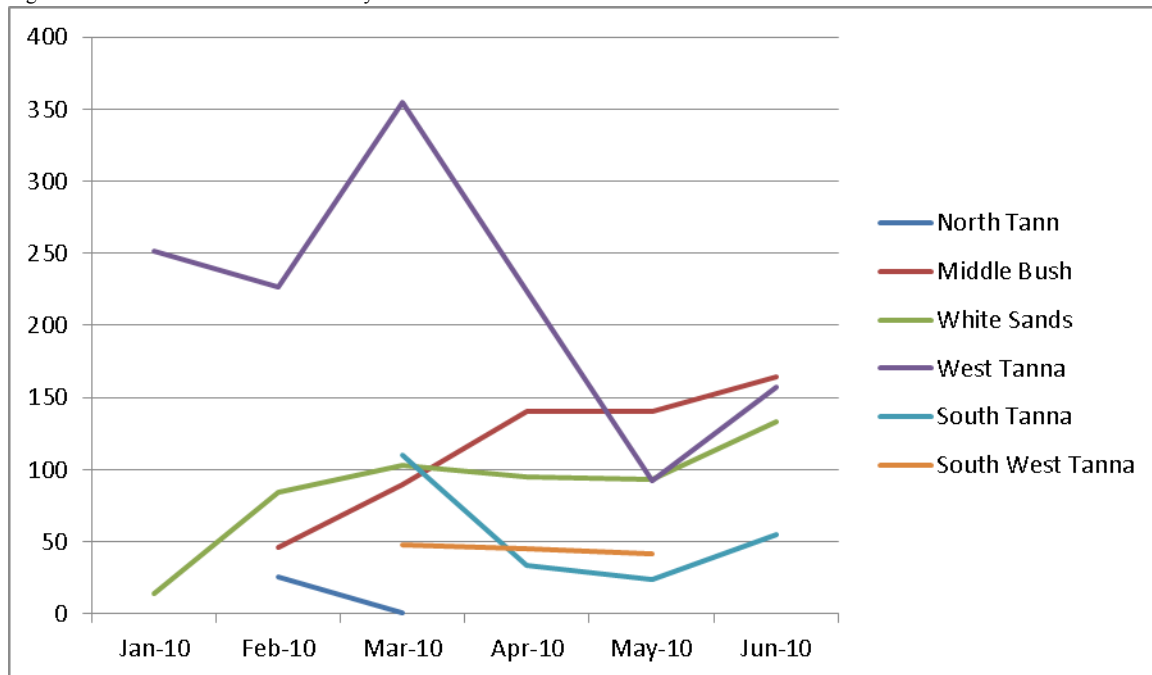
Safe practices in nutrition for children is the promotion of breast milk for children and the promotion of comprehensive breast feeding of children up to 6 months of age. Breast feeding practices were also studied to determine whether this is an observed practice.

Key findings and recommendations on nutrition

It was noted that in Middle Bush for the current month of the evaluation, the prevalence of malnutrition in Middle Bush for children under the age of five months were three males and fifteen females. There were no records of malnutrition for that month for other age groups. In other areas records for malnutrition were hard to ascertain due to the unavailability of the health worker or the data not available during that period.

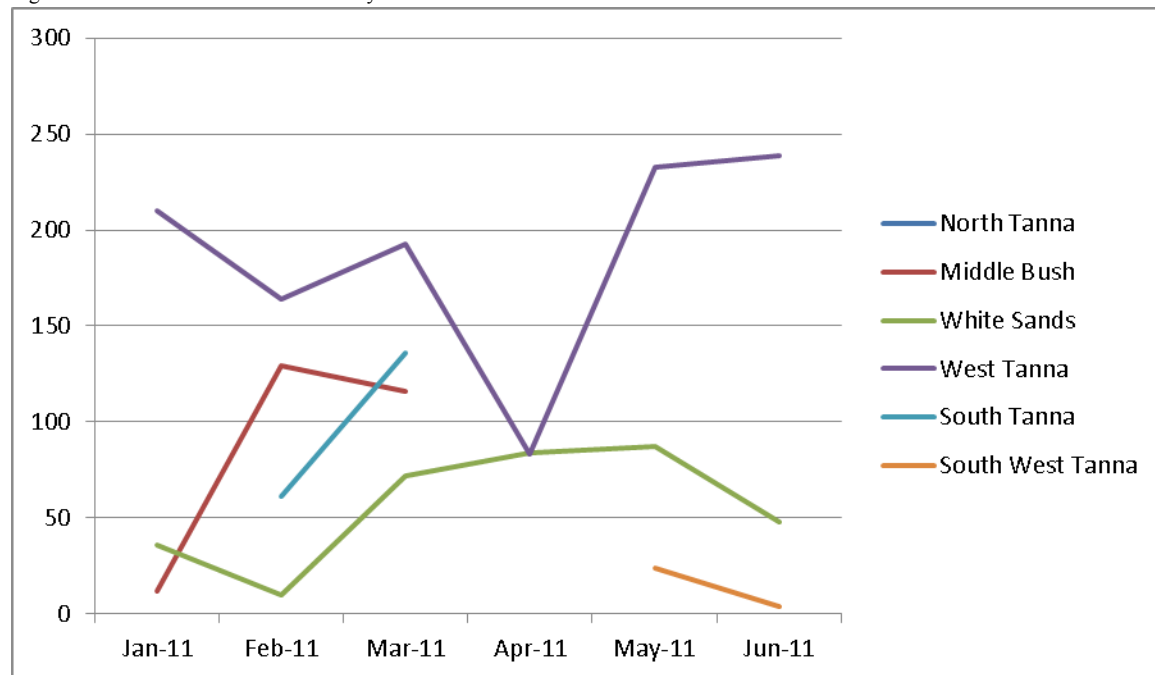
Records sourced from HIS shows a more accurate picture on malnutrition. The records are based on a per-monthly reporting and could include re-visits. Data collected includes the mobile clinic outreach and from the health facility.

Fig.2. Malnutrition in Tanna for 0 to five year old children in 2010



Malnutrition records in 2010 show an increase in the number of children for the Middle Bush and White Sands area at the start of the year but continuing to increase in quarter two. West Tanna has the provincial hospital so the numbers are exaggerated due to cases referred to by other area facilities.

Fig.3. Malnutrition in Tanna for 0 to five year old children in 2011

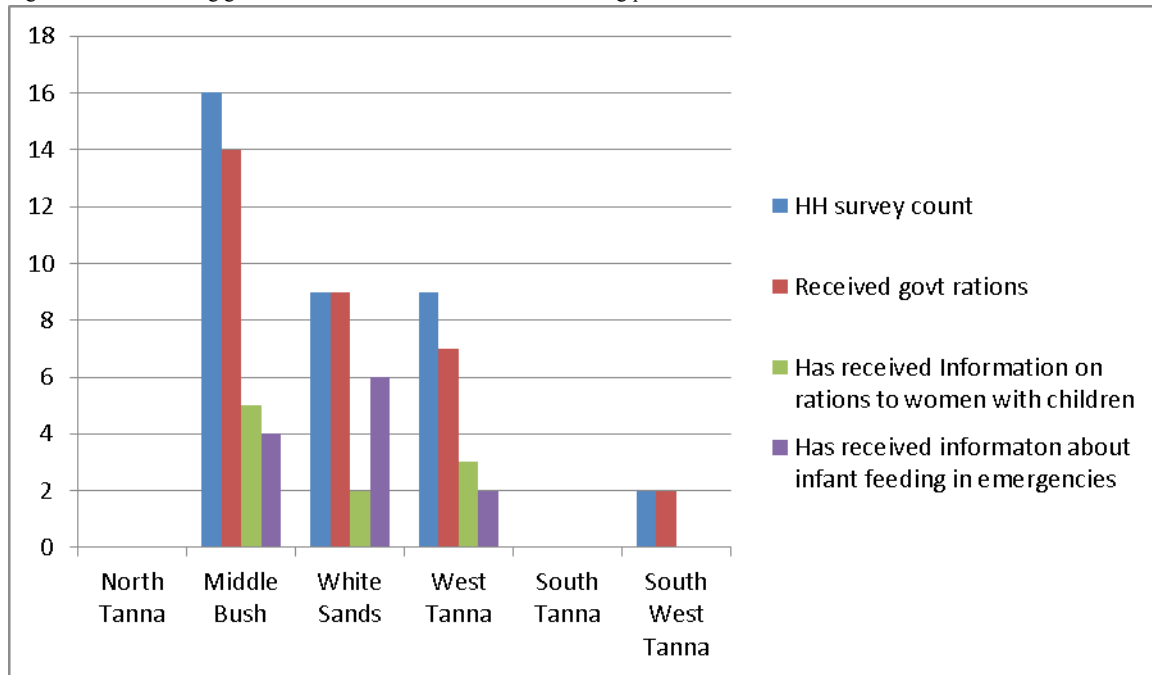


Malnutrition records in 2011 show an increase in the number of children for the Middle Bush area at the start of the year attributed to the tropical cyclones. West Tanna has the provincial hospital so the numbers are exaggerated due to cases referred to by other area facilities.

The data shows a marked decrease in underweight cases recorded for 2011 as compared to 2010 however note that in Middle Bush there is a noticeable increase in underweight cases for the months of February and March though has tabled off at the end of quarter one. Note that missing months are due to data unavailability. Some disparities are also due to non-compilation of data from health facilities within the same area council at the provincial level. Overall the results show that children's nutritional status was most affected in the area of Middle Bush following the two cyclones attributed to lack of adequate nutritional food. The data is not conclusive on time frame of impact due to unavailability of data. There is however a worrying trend in the number of cases diagnosed as malnutrition in Tanna for 0-5 year old children throughout the year.

Food security after the two cyclones and the impact on family were also addressed. Most mothers confirmed having received government food rations after the disaster though only a few mothers indicated receiving information about what rations to give to women with children and infant feeding in emergencies.

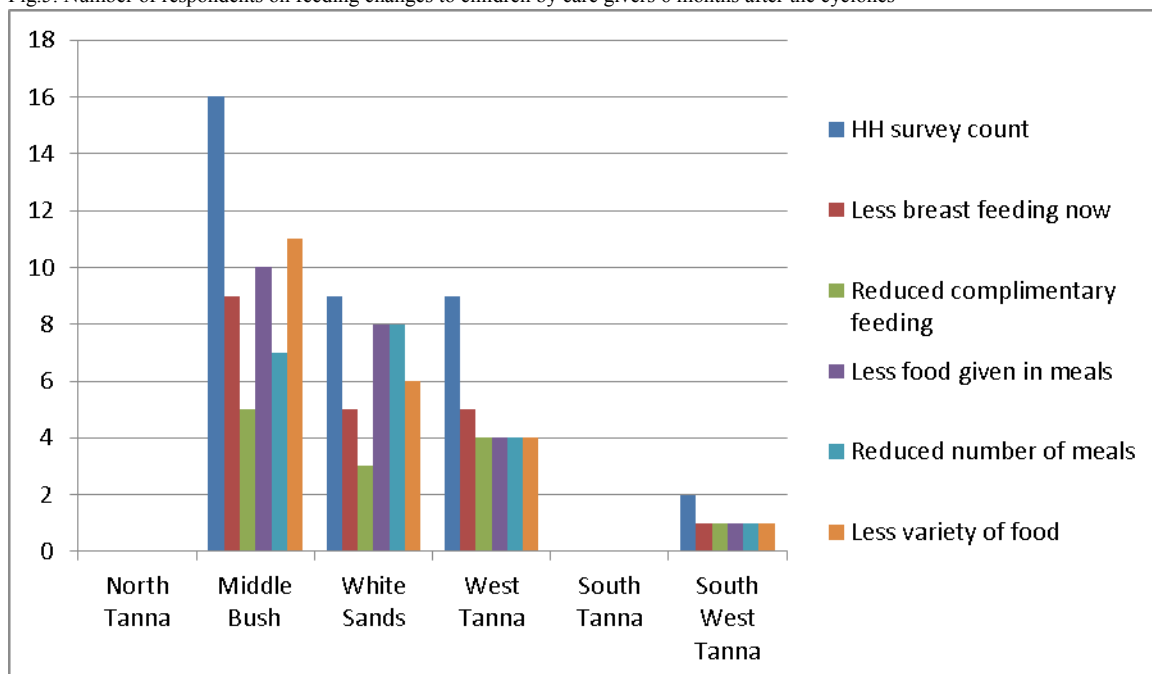
Fig.4. Mothers receiving government rations and information on feeding practices



Majority of households received the government ration package however information targeting mothers with children was lacking.

Mothers were asked to determine whether life had improved after TC Vania and TC Atu with regard to adequate feeding of the children.

Fig.5. Number of respondents on feeding changes to children by care givers 6 months after the cyclones

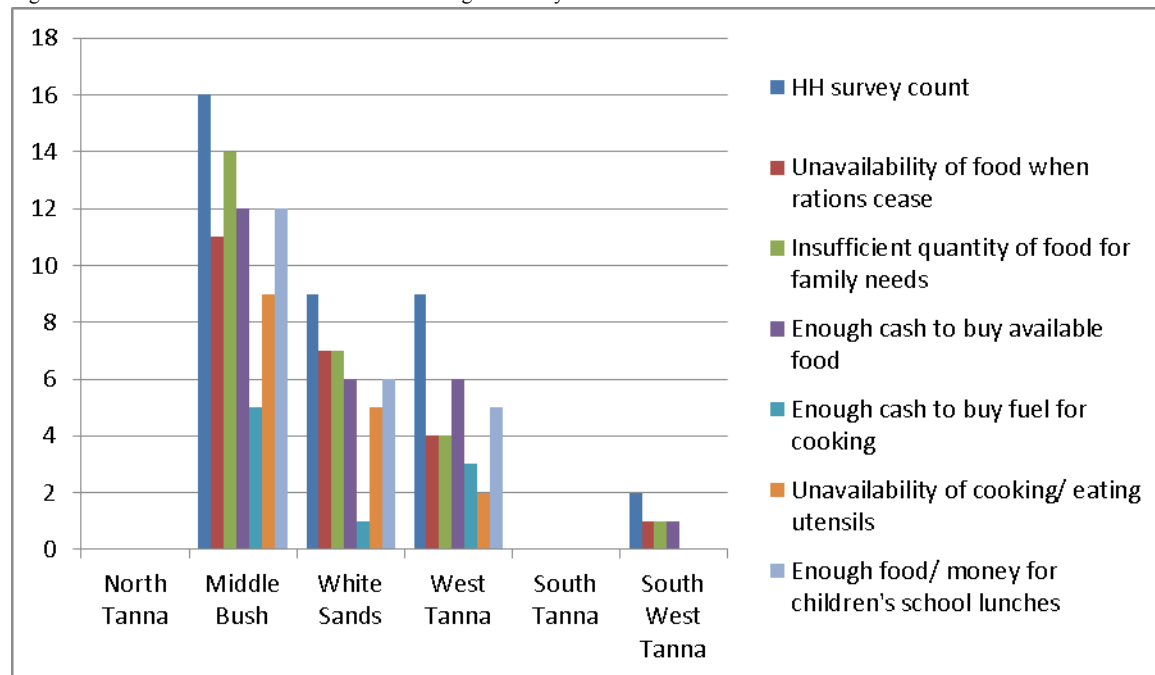


Six months after the two cyclones food issues are becoming less of a problem though some families are still not getting adequate amounts of food.

The findings show that mothers were breast feeding less and more complimentary feeding. In the areas of Middle Bush and White Sands less food were given in meals and the number of reduced meals were still quite high with less variety of food available to the family.

Areas of concern regarding feeding of the family were, 1) when the supplied rations become exhausted, 2) the consistent insufficient quantity of food available and, 3) cash to buy available food and, 4) enough food/ money for children’s lunches.

Fig.6. Mothers asked about main concerns for feeding the family



Mothers’ main concerns were on food availability when their rations ran out and whether there was enough cash to feed the family when food was insufficient. Areas of West Tanna and South West Tanna were better off with regard to food stability

In areas of Middle Bush and White Sands mothers indicated that there were still feeding problems prevalent in the affected areas.

As per the recommendations arising from the nutritional surveillance there needs to be more community awareness on healthy living and to reinforce good practices at the community level including for infants the promotion of breast feeding.

WASH

Under WASH several interventions were carried out. Evaluations for these interventions were undertaken to determine conformity to the CCC and impact. The areas evaluated are shown:

- Evaluation of UNICEF’s cluster leadership
- Repair of water supplies and systems
- Distribution of WASH kits
- Effectiveness of WASH C4D

- Wellbeing of the communities

UNICEF as WASH cluster leader and with reporting responsibility to the emergency taskforce comprising of government stakeholders and partners was tasked with ensuring that the water systems affected by TC Vania and TC Atu were repaired. As cluster leader, meetings with cluster partners were called. Eight WASH meetings were called in response to the intervention. From these meetings the coordination of an initial assessment of water systems in TAFEA was undertaken. The findings from this assessment indicated priority areas that should be tackled. Fifty sites were selected for repairs as recommended by the WASH cluster following a TAFEA wide assessment under the guidance of the Vanuatu Government Rural Water Supply unit. From these findings the WASH cluster organised purchasing, transportation and shipping as well as the actual repairs of the systems. All systems were completed in the second quarter of 2011.

Key findings and recommendations on WASH

The WASH cluster was effective in carrying out the necessary tasks and able to overcome logistical issues with transportation within a reasonable time frame. The support at the Provincial level shows the good working relationship between the national and subnational level and between various stakeholders in ensuring that the work was carried out in a timely manner. Recommendations in undertaking further WASH cluster support would be at the national emergency taskforce level to ensure that the logistics cluster/ organiser would be able to provide the necessary support in shipment and transportation.

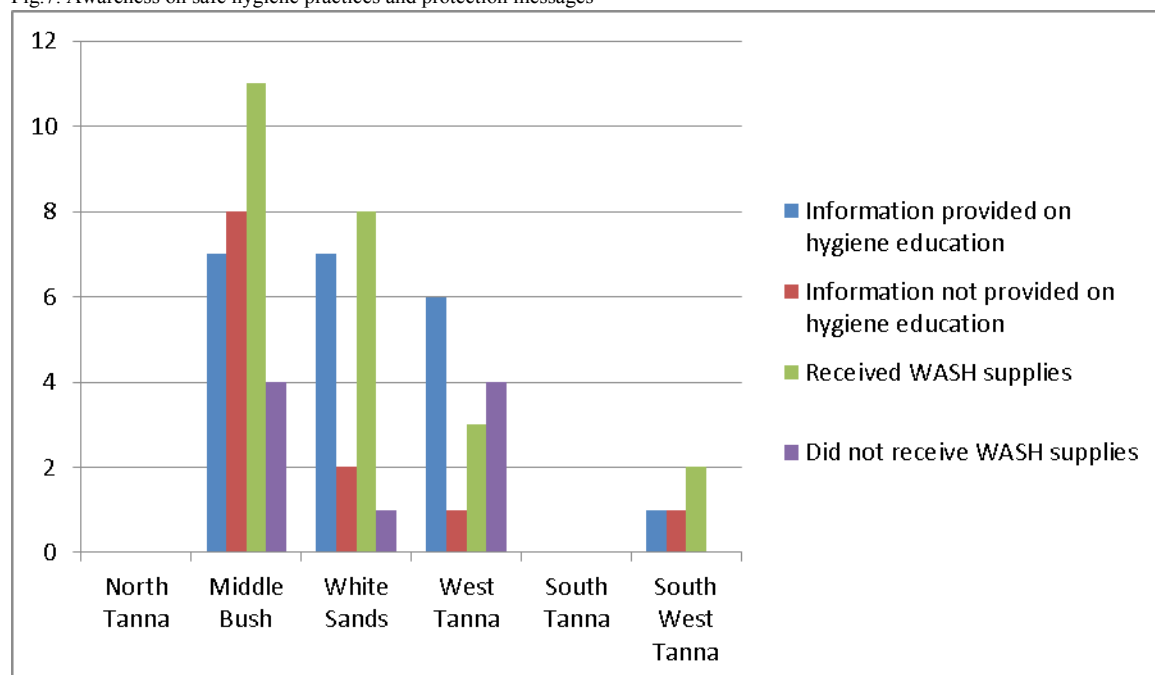
Repairs to water systems were undertaken by hired personnel and community members under the guidance and support of the WASH Cluster member, (Vanuatu Government Rural Water Supply unit). The extent of damage ranged from system collapse, (Catchment area contamination and support structure destruction), to parts replacement, (Pipes and joinery). Systems comprised of drip-fed tank systems from catchment areas to rain catchments tanks. All repairs were completed according to the damage assessment analysis for the nominated fifty sites.

In most areas water committees are present whose responsibility is to ensure that the systems for the community are functioning well. In some areas, the support by the community members towards the repair of their system has been limited whilst in others support has been much more forthcoming. The expectation of government from communities for support is obvious in most cases. The need to build community resilience in water security and for the water committees to take a more active role needs to be addressed.

UNICEF distributed 750 WASH kits at the community level in areas where water contamination was noted to be a problem. The area most affected was Middle Bush. The cyclones brought heavy rain which resulted in destruction/ damage of the water system catchment areas and contamination of water sources due to flooding. The number of WASH kits was based on the number of households recorded by NDMO for the areas affected. Distribution of the WASH kits was via arteriole sub-roads off the main road however the difficulty was the impassibility of roads due to the flooding and damage caused by the cyclones. Records indicate that the WASH kits were handed over to chiefs, teachers or community heads for further distribution within their community. The chiefs or leaders knew where the impacted household members were residing and hence ensured they received the WASH kits.

The difficulty in this situation was getting direct access to the communities and to provide direct communication on safe and hygienic practices. It was noted that the distribution of the WASH kits would have been more effective if a discussion on the key messages, (Safe hygiene practices, protection messages), contained in the emergency pocket guide included in the WASH kits was provided for acknowledgement and to seek out behavioral change. Similarly the Bislama instruction on usage of the purification tablets was lost in the exchange as community members would have never come across this item in the past or saw the need for its use. The evaluations with the women in the affected areas indicate that they had no knowledge of the presence of water purification tablets in the WASH kits or what they were used for. Direct communication with the intended recipients needs to take place to ensure that they are aware of what is contained in the WASH kit and its intended use.

Fig.7. Awareness on safe hygiene practices and protection messages

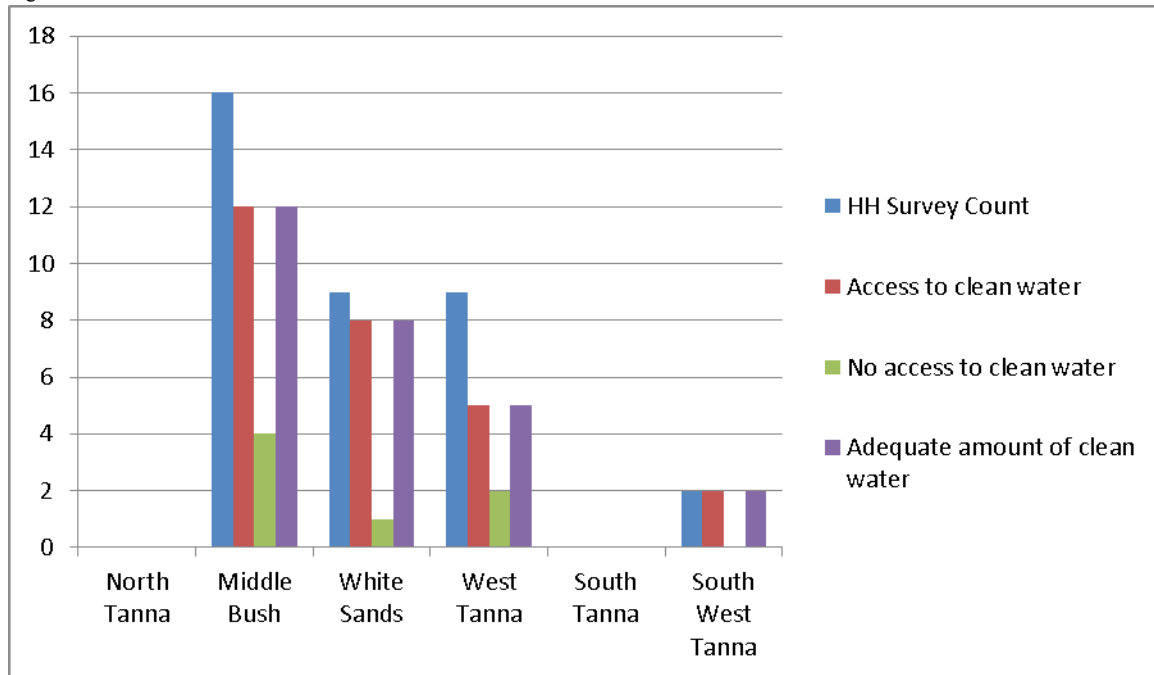


Information on safe hygiene practices and protection messages targeting care givers were not available to the majority of mothers in Middle Bush

During the evaluation, team members also used the pocket brochure as a tool to facilitate discussion in the FGD and to advocate to the community on the key messages contained within.

The evaluation assessed whether the community had access to adequate amounts of clean water after the impact of the cyclone. In assessing an ongoing situation on hygiene, clarification was sought on sanitation and whether adequate facilities were available for hand washing as a result of behavioral change.

Fig.8. Access to safe and clean water

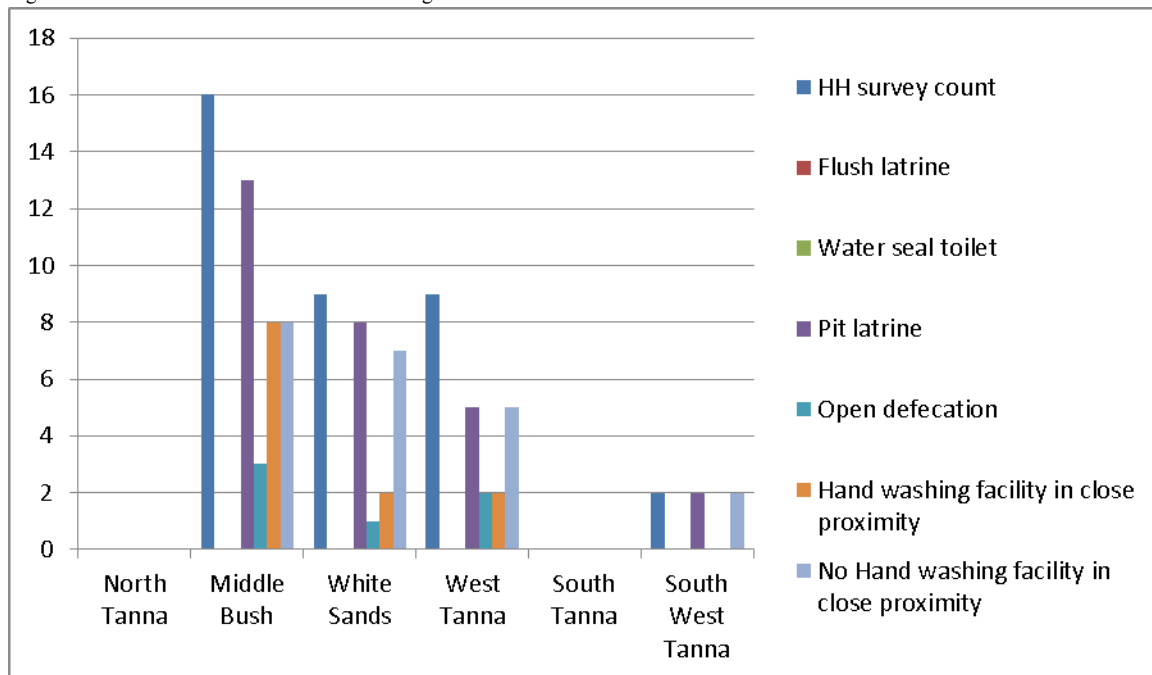


Majority of households had access to adequate and safe water

The majority of interviewees had access to clean and safe water for their use. It was noted that the repaired water catchment/ source may not be located in close proximity but was in close walking distance. For households not part of the wider community/ village, piped water is an issue and hence reliance would be on rain water collection or walking some distance to the nearest access point.

Sanitary toiletry habits were investigated to determine whether safe hygiene practices were observed.

Fig.9. Access to toilet facilities and hand washing

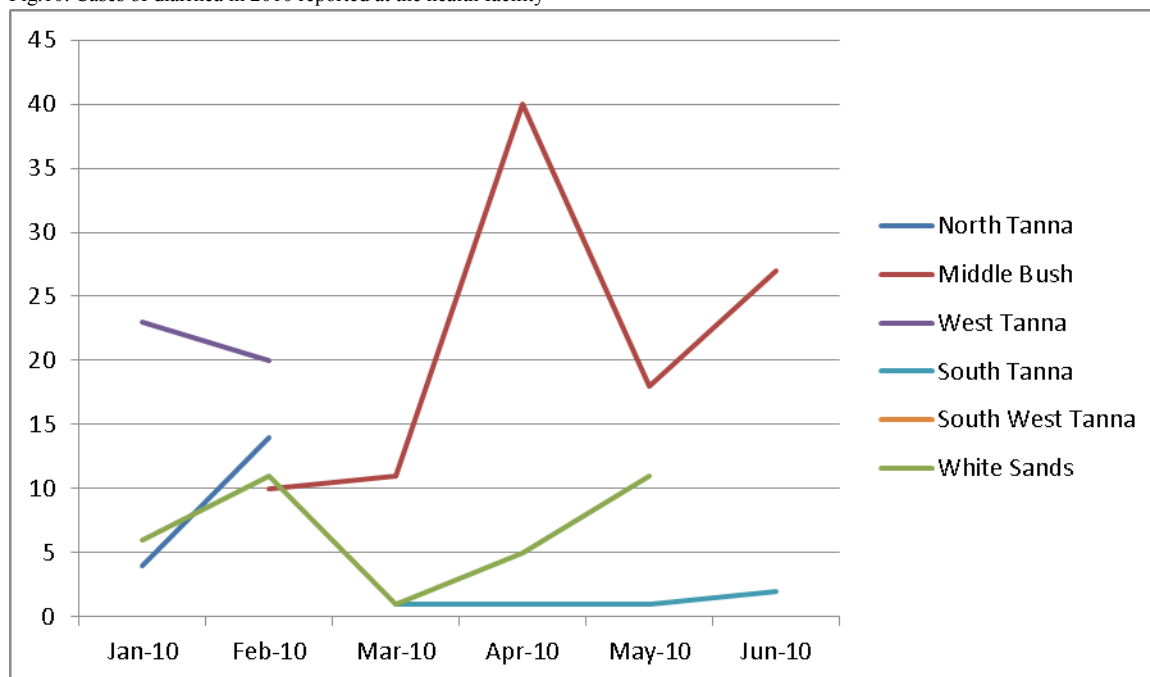


Majority of households use a pit latrine with some households having open defecation for toiletry purposes. Hand washing facilities close by the area of defecation is lagging in all areas.

Most of the households had access to a pit latrine however some households still resort to defecating in the river or in the bush. More than half the respondents indicated the lack of hand washing facilities near the toilet or area of defecation though this is an ongoing situation and needs to be addressed in the development programme. In times of emergencies, this highlights the need for better awareness on the key messages portrayed in the emergency brochure on hand washing and safe disposing of fecal matter.

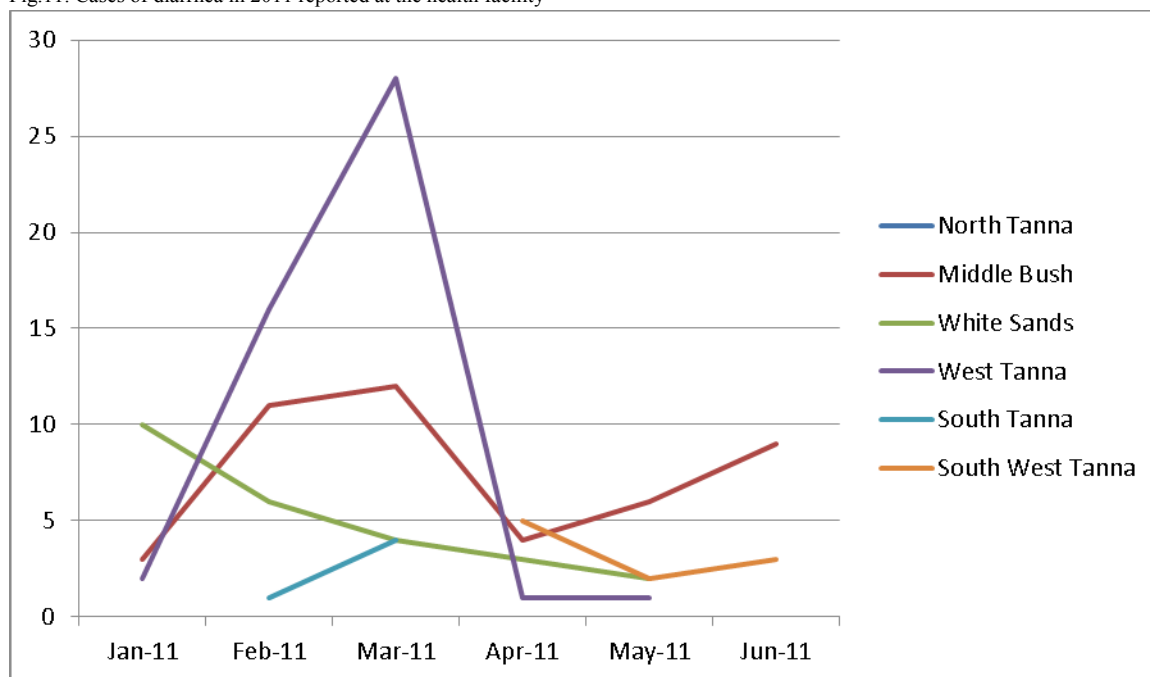
The impact of the two cyclones and effect of interventions can be seen by comparing between years. Cases of diarrhea comparisons between years 2010 and 2011 for the first 6 months of the year were analyzed to determine whether there were any marked changes from the effects of the cyclone. In the months between February and April there was a marked increase in 2011 of diarrheal cases as compared to 2010 with West Tanna and Middle Bush leading in number of cases. Note that the provincial hospital is located in West Tanna and where referrals from other areas are often sent, hence the high figures recording diarrheal cases.

Fig.10. Cases of diarrhea in 2010 reported at the health facility



Diarrhea cases in the Middle Bush area for 0 to 5 year old children increased in April of 2010. The records are incomplete for West Tanna. The provincial hospital is located in West Tanna

Fig.11. Cases of diarrhea in 2011 reported at the health facility



Diarrhea cases increased in both West Tanna and Middle Bush though compared to 2010, Middle Bush figures are less in comparison to the first and second quarter. The main referral hospital for the province is located in West Tanna.

The information received from the MoH have months where no values are registered hence it is difficult to ascertain whether cases of diarrhea did exist but were not recorded.

Health

UNICEF's intervention in this area consisted of the delivery of four emergency health kits and 4000 sachets of ORS to Lenakel hospital on Tanna. Lenakel Hospital in West Tanna coordinates and manages all health facilities in TAFEA including the distribution of health supplies. Health facilities are located in areas that can be accessible by the surrounding populace. The emergency health kits and ORS sachets were divided, repackaged and sent to the health facilities around Tanna by Lenakel hospital.

Key findings and recommendations on Health

During the evaluation key informants in health facilities were asked whether they had received a health kit and ORS sachets distributed by Lenakel Hospital. Middle Bush was the only area where the two health facilities indicated having received the health kits acknowledging that this was from UNICEF. Middle Bush health facilities also indicated receiving the UNICEF ORS sachets and recorded providing seven mothers with 20 ORS treatments for children in their care. Health facilities in other areas indicated receiving supplies but were not sure whether these were normal stock supplies or special emergency supplies from UNICEF distributed by Lenakel hospital.



Koromanu Dispensary

The emergency health kits have reached the health facilities in communities however due to the re-packaging into smaller parcels the UNICEF logo would become less obvious hence for a health worker receiving health supplies from Lenakel hospital, discerning whether the supplies were provided by UNICEF or by the MoH would have been difficult unless the distributor informed the health worker. The above cases reported by the health facilities in Middle Bush do show that the emergency health kits have been used to treat ailments in children. Previewing the registry of cases attended to at the health facilities shows that the health facilities have been serving the general populace post cyclone Vania and Atu.

Access to a health worker was deemed satisfactory for most of the mothers. The health centers, dispensaries and aid posts are strategically located in areas of high population density. For some of the health facilities which are not staffed, some health workers have taken it upon themselves to travel the distance to support some of the populace of the other health facility locality.

With regard to access to essential household items such as clothing, cooking utensils and shelter predominantly interviewees indicated that they had access to these items.

Child Protection

Interventions undertaken in TAFEA with regard to protection issues focused on getting protection messages to communities. Messages were relayed through the radio and through brochures. Trained personnel in protection were also available to support communities in TAFEA.

Several UNICEF assisted Child Protection development workshops were organized to train personnel in key ministries and civil organizations in the protection of children. Persons trained from TAFEA province include the following:

- Two Police officers
- One Women's Centre officer
- Two Area Secretaries
- One Civil Registration officer

Key findings and recommendations on Child Protection

During the evaluation no particular groups were identified in the community as having undergone training in identifying, reporting, responding to cases of violence, exploitation and abuse. It was noted though that a particular chief from Middle Bush had attended a protection meeting however no further insight could be gained on this protection meeting, whether it was linked to emergencies and the agency that had conducted it.

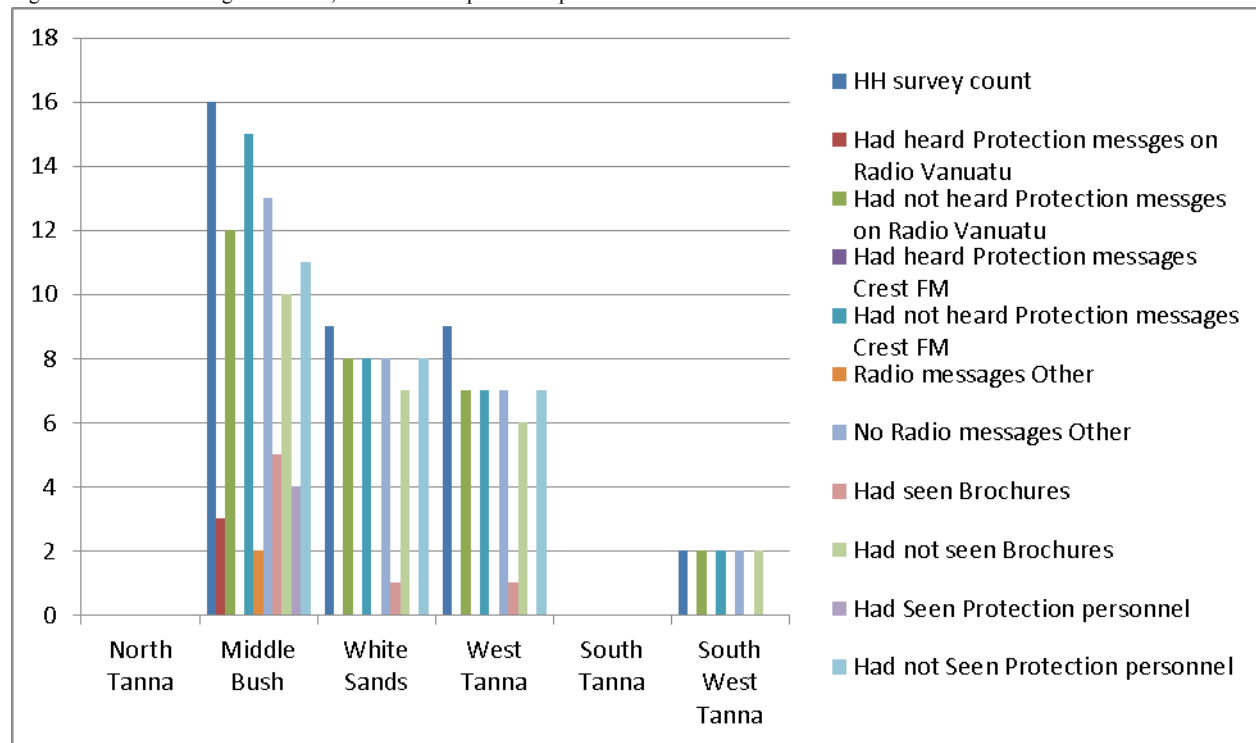
Key radio messages were released in the months following the two cyclones. These key messages were aired on Radio Vanuatu and could be picked up on the medium wave channel nationally. The evaluation addressed whether community members had heard these messages. It was noted that in certain areas of Tanna the radio signal is either weak or non-existent. Some communities did not possess a radio, hence no messages were received. For the local station, CREST FM, the community members were asked whether they had also heard other protection messages or talk shows with a theme on protection. Likewise for the local station, even though the coverage was clearer, certain areas were not in range of the transmitters. Predominantly, the community members had not heard the protection messages on the radio.

Protection advocacy messages were in the pocket brochures dispatched with the WASH kits given to households. The brochures were only distributed to the Middle Bush area only and hence the general populace in other areas would not have received or seen these messages. The pocket brochures also included information associated with WASH; pocket brochures were not seen by the majority of the interviewees.

Interviewees were also asked whether protection officers/ persons who provided messages with a theme on protection had visited after the cyclones. It was noted that a travelling group of women had passed through the Middle Bush area to raise awareness on domestic violence and protection in general, though not specifically linked to the emergency response following the wake of the cyclones. The women were the only people observed to have discussed

protection issues after the cyclone at the community level and only in the Middle Bush area for areas evaluated.

Fig.12. Protection messages via radio, brochures and protection personnel



The majority of caregivers had not heard message or discussions by person trained in protection issues

In instances of observed abuse/ violence during the two cyclones, the feedback received focused mainly on partner abuse, (Wife bashing and arguments). In cases of abuse towards children, only one narrated case of young children left alone during the cyclone. In cases of domestic violence, reporting would be to the chief as first point of contact. The Women’s Council of TAFEA would be the second point of contact.

In order to strengthen protective measures, a wider outreach on materials/ information needs to be disseminated prior to the cyclone season. Key personnel trained in protection issues should be available and known to the community members as a focal point for protection related issues.

Education

UNICEF’s intervention towards addressing the impact of TC Vania and Atu in the education sector looked at reporting on the extent of damage to schools in TAFEA. The report on sustained damage assists the MoE make informed decisions on what assistance should be provided to schools and what support can be provided to families from Tanna with children attending schools on Tanna.

Vanuatu has a fee-free education policy for primary schools. Secondary schools still require fees to be paid up-front. The MoE policy on relief support to families whose children are attending secondary schools in TAFEA was the waiver of term three school fees.

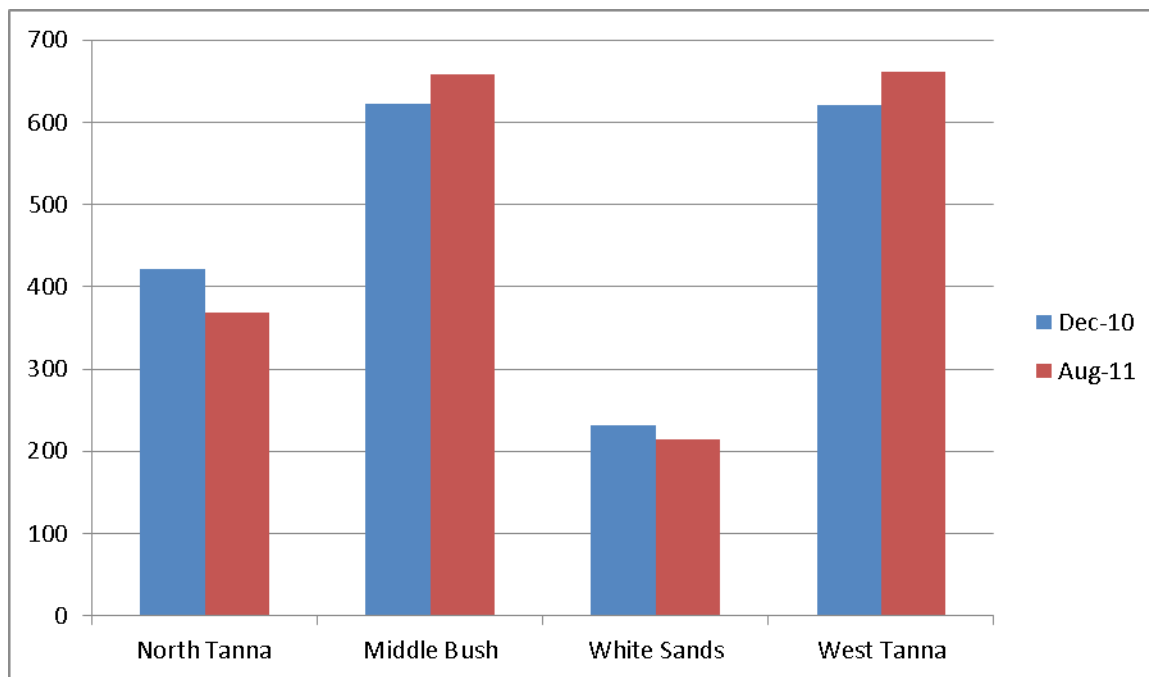
For this evaluation the localities covered on Tanna consist mainly of primary schools. The evaluation addressed the preparedness of schools with regard to emergency preparedness plans; whether enrolment rates were affected as a consequence of the cyclone, assess the reported damage sustained and whether the school grants were used as per MoE guidelines on repairs.

Key findings and recommendations on Education

Common standards and guidance provided by MoE towards schools in TAFEA are through workshops addressing education in emergency. Such standards include guidance in the development of a strategic response plan. These standards are still being rolled out nationally. All schools surveyed indicate that they do not have a strategic response plan in place that addresses emergency situations. With regard to a school safety response plan 85% indicated that they do not have a safety response plan. The other 15% stated that they do however upon further discussion this plan was mainly based on the students being asked to move to higher ground in the event of a tsunami preceding an earthquake. With regard to safety drills only one school indicated that they had conducted a drill though this was in response to an actual earthquake and as a precaution in the event that a tsunami may occur. Emergency response plans should become part of the school administration to ensure that the security and safety of students, teachers and family members and school property is secure and protected.

Enrolment figures for schools two weeks prior to the cyclone were not possible as schools were still in the Christmas break period. Information that was collected prior to the two cyclones was from end of year 2010 enrolment. This information was compared with enrolment figures after TC Atu. Note that some schools delayed opening due to the cyclones. It was noted that addressing enrolment figures during this period disaggregated by male and female were only possible for some schools; enrolment records were only for the start of the year, end of the year and current period. Hence the data for comparison purposes indicated below compares enrolment figures for end of last year and current. It is therefore difficult to objectively address any changes in enrolment however enrolment figures between 2010 and 2011 for the schools surveyed show that the area of North Tanna and White Sands has a decrease in enrolment whilst Middle Bush and West Tanna have an increase in enrolment.

Fig.13. Enrolment figures in year end 2010 and 2011 current



Enrolment rate disparities as a result of the cyclones were difficult to determine due to lack of records during the year and schools starting the academic year after the cyclones had occurred. Comparisons between years are negligible

Discussions with the principal of Kwatabaren secondary school stated that the enrolment during the year had dropped slightly but negligible however his reason for the drop in the enrolment was due to inability of parents to pay for school fees.

Primary schools do not provide lunch for students. A request by one primary school principal was for the school grant to be used to buy nutritional school lunches for the students to keep them alert in school and to take some of the burden off parents in providing a home nutritional meal for the children when food is scarce as well as keeping children in school. It was noted that after the cyclone, some students were pulled from class to help with the replanting, hence missed out on some tests and exams.

For secondary schools, the reliance on school gardens posed an issue as the gardens helped substantiate the meals with leafy greens, other vegetables and root crops. Grant money provided to the schools was used to purchase rice from the shops and available crops from the market if available. The concern during this period was the second tranche funding for the year had not been

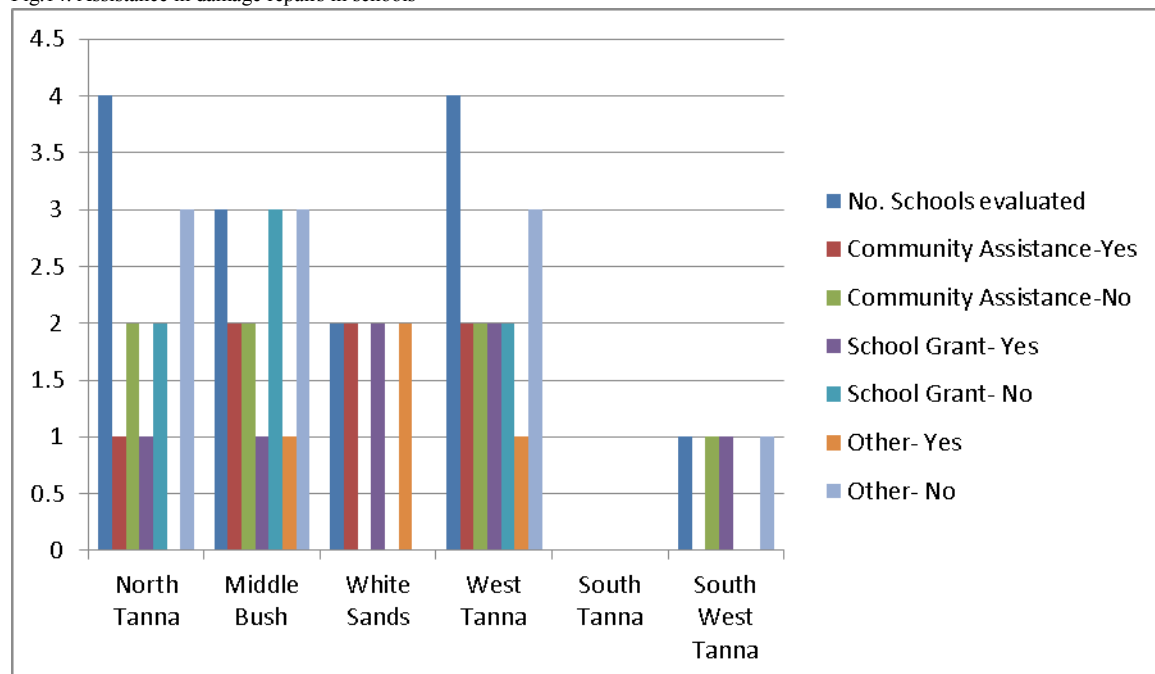


Virana conducting HHI in White Sands

received by the schools and items had been bought on credit from the shops. Another concern raised was during the distribution of seedlings to households, (Two packets); schools did not receive any seedlings to support the teachers and the students in the school.

Damage to property sustained by the school was classified as either low, medium or extensive, (See methodology). The majority of the schools surveyed indicate a classification of low, (83%), whilst some 17% indicate medium damage sustained. The damage sustained was mainly to the traditionally built buildings. For semi-permanent and permanent structures, the damage was minor. The MoE had allowed the schools to use the school grant, (Capital expenditure), to repair the buildings but not to build new structures. It was noted that some schools were not aware of this fact and were still waiting for the ministry to provide assistance at this level however not utilizing the grant money they currently hold in the school bank account. Some schools had received assistance after the cyclone from the surrounding communities such as general cleaning and repairs as well as from NGOs. Overall, schools that did have access to the school grant for repairs did not use the school grant. More awareness on school grants should be made available to the staff of schools to ensure that damages can be quickly addressed and students get to attend school sooner.

Fig.14. Assistance in damage repairs in schools

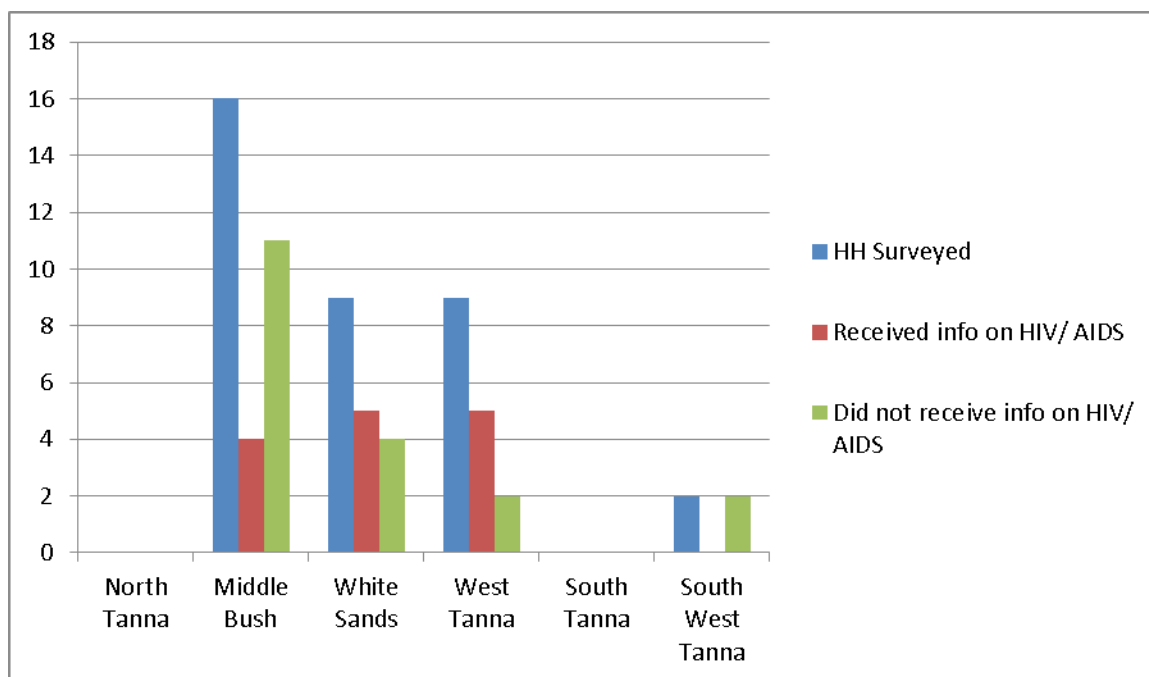


Damage sustained by schools was minimal

HIV and AIDS

Information given out regarding HIV and AIDS was part of the communication conducted by the health workers to the community members in their particular wards.

Fig.15. Information provided on HIV & AIDS



Limited awareness on HIV & AIDS was provided at the community level

Key findings on HIV and AIDS

Of the households surveyed the majority of the mothers interviewed in the Middle Bush area did not receive information on HIV and AIDS. Some health posts were not staffed during the period following the cyclones hence messages would not have been relayed to community members. Health workers need to also be aware of HIV and AIDS in emergencies and to be able to inform the community members in their particular ward.

Fundraising and Media & Communication

Press releases on UNICEF's interventions in TAFEA were published in nominated media forums. These press releases not only provide an update on the current situation in TAFEA and UNICEF's interventions but also seek support from donors towards the crisis.

Key findings on fundraising and Media & Communication

Two press releases on the effects of TC Vania and UNICEF's response were released to the press for dissemination, the first one twelve days after the event. Delays in establishing communication with the province and long time frame for the rapid assessment contributed to the delays in issuing the first press release on the situation of children and women in the province (the first press release should normally be issued within 72 hours).

The first press release covered the extent of the damage, food shortages and effect on nutritional requirements and livelihood. The second release focused on UNICEF's intervention and support to government was covered such as in areas of WASH, medical supplies and nutritional requirements. Media coverage included two interviews with Hamish Weatherly, the UNICEF Emergency Specialist and an interview with May Pascual, Chief of

the Vanuatu Field Office, (Radio Australia, Radio New Zealand International), and online web stories in regional outlets.

Media coverage was tracked by the UNICEF communication team through Meltwater. An internal assessment found that overall volume of coverage was adequate and favorability, (prominence of UNICEF and tone of coverage), was very good².

During the course of three months, five situation reports were completed by UNICEF, namely for the rapid assessment on the 19th-20th of January, the February WASH cluster report, the 26th February rapid assessment to the outer islands of TAFEA in the wake of TC Atu and the March nutritional monitoring exercise. Based on the above assessments, report frequency is one per intervention.

Fundraising for the emergency led to support from the NZ National Committee, (USD 14,560), AusAID, (USD 18,712- replenishment of pre-positional supplies delivered to TAFEA), and Government of Luxemburg, (US\$ 31,660). The funding was adequate for UNICEF's emergency response.

Other supporting partners/ agencies in Vanuatu, (on the ground), involved in the intervention include UNOCHA, national and provincial government bodies, Red Cross, (Vanuatu, French, International), ADRA, Oxfam and World Vision.

Operations, (Security, ICT, Supply and Logistics, Finance and Administration)

Operations support addresses staff security, HR support and the necessary funding agreements to support the emergency operations.

Key findings on Operations

Contacts with UNICEF staff, dependents and contractors, in country were established via the UNICEF VFO emergency communication tree for security reporting. Reporting to UNICEF Fiji by the Officer-in-charge was initiated with a request for assistance for further UNICEF support towards the emergency due to the unavailability of key VFO personnel and PERT staff.

At the onset of the emergency, contact between the VFO and UNICEF Fiji was established. The internal UNICEF security reporting and updating measures commenced with staff safety security briefings and reporting back to Fiji. Following the crisis regular reporting between VFO and UNICEF Fiji occurred through teleconferences to discuss approaches, support level and UNICEF's commitment to the government. The support from the UNICEF Fiji office was timely with regard to provision of key staff to VFO to assist with handling of administrative tasks and to support partners.

² Scoop: <http://www.scoop.co.nz/stories/W01101/S00452/unicef-response-to-tropical-tania-destruction.htm>

Voxy.co.nz: <http://www.voxy.co.nz/national/unicef-responds-to-tropical-cyclone-ania-destruction/5/59528>

Radio Australia: <http://www.radioaustralia.net.au/pacbeat/stories/201101/s3122762.htm>

RNZI: <http://www.rnzi.com/pages/news.php?op=read&id=58707>

RNZI: <http://www.rnzi.com/pages/news.php?op=read&id=58911>

UNICEF agreed supply support included WASH kits, basic emergency health kits and ORS sachets, (Pre-positioned supplies from UNICEF Vanuatu Field Office warehouse), were all 100% delivered to partners on Tanna for distribution. The WASH kits were divided into 750 individual units and distributed to the Middle Bush area. The basic health kits and ORS were given to Lenakel hospital on Tanna to distribute through the existing health distribution channel in use for health supplies for all Tanna. There were no notable delays as the items were shipped by plane.

Accomplishments and constraints

The WASH cluster was acknowledged by the then director of NDMO as an exemplary example of an effective cluster responding to TC Vania and Atu. This shows the extent of good leadership and coordination amongst well supportive and performing partners. The extent at which WASH was involved in every area of TAFEA and the timeframe for implementation shows a proficient and well managed group of partners. The WASH cluster was responsible for ensuring that the damaged water systems by the cyclones were repaired in a timely manner with the funds usage reported back to donors within the expected timeframe.

UNICEF's support towards the affected communities of Tanna with regard to supplies had progressed well. The delivery of services such as the distribution of WASH kits and health kits to the communities and the health facility was timely. The WASH kits were delivered directly to the communities impacted in Middle Bush and the health kits were distributed to the health centers.

Comparison between years 2010 and 2011 show a marked recovery and lesser cases in malnutrition cases reported several weeks after the cyclone period in 2011 as compared to 2010 for Middle Bush and Whitesands hence an indication that interventions in health and behavioral change have helped to alleviate occurrences of ailments associated with contaminated water, hygiene practices and other health related issues. It was also noted that diarrhea cases were high in the first quarter of 2011 though the number of cases diminished significantly in the earlier part of the year as compared to 2010; this could be attributed to early interventions at the health facilities.

Nutritional concerns were highlighted as a concern due to the limited amount of food available in the first few months following the cyclone. By having a regular monitoring exercise as well as informative sessions with and by health workers on proper nutritional practices should ensure that children are nurtured and can remain healthy.

In terms of the number of households, the estimated number of households affected will have to be re-evaluated to ensure coverage encompasses the communities most at risk. In this instance, now that the National Statistics Office 2009 census figures are now official, the number of households in the area can be stated, (Includes extrapolation based on years). Any demography data source in use needs to be consistent with consensus across all agencies involved in humanitarian support.

Addressing the need for awareness on safe water use, hygiene & protection issues is crucial families are better future cyclone disasters. should be provided



better practices in sanitation, as it ensures prepared in Awareness directly to

the care-giver as secondary information to the caregiver may be lost in translation or not provided. A good example of lack of information and usage are the water purification tablets, the tablets were never mentioned when the mothers described the contents and usage of the WASH kits provided. The distribution channel at the village level will need to include a mechanism for ensuring the correct information is provided to the care giver, either having the distributor well versed in promoting safe practices in water use, hygiene & sanitation and protection issues as well as providing general instruction at the village level during community meetings and functions prior and after disasters.

Addressing schools and education in emergencies is a priority as schools were not versed nor had they plans in place to address such situations. Priority areas to be addressed should be on 1) Shelter, ensuring that awareness as per the procedure manual that grant funds can be used for repairs, 2) WASH, ensuring safe water source and gender-segregated and appropriate sanitation facilities if damaged, 3) Nutrition, having plans in place to support children coming from families affected by the cyclone. Providing support and nutritional meals keeps the children in school as well as alleviating some of the burden on the care-givers.

We also need to ensure that support provided does not weaken the ongoing strengthening process by government, civil society and international actors on resilience in the community at coping with disasters. Our interventions should not overstep the boundary where the community expects hand-outs whenever a disaster happens. In this situation, our support has been well calculated where the majority of support has gone to communities badly affected by the cyclone. In some circumstances some areas that were not affected had received benefits from partners and hence the expectation and reliance on handouts diminishes the resilience building within the community.

Conclusion

UNICEF's support towards the people of TAFEA following the destructive cyclones Vania and Atu has indeed alleviated concerns in areas of WASH, health, protection measures and education. As indicated in the previous section, we still need to strengthen our advocacy and information flow at the community level to ensure that the delivery of services and supplies reaches the intended audience. Our support to our partners ensures that the services and supplies are delivered in a timely manner to the community. Our support to partners to ensure that the services and supplies are available but the support should extend down to the final hand over and delivery into the hands of the care giver; by doing so we can ensure that what

was requisitioned according to the count of vulnerable households does reach that vulnerable household.

Interviews at Lenakel market

Annexes

Annex A: Demography

Population TAFEA (2009 census): 32,540 (5,860 HH)

5 Islands in TAFEA (pop) : Tanna , Erromango, Aneityum, Futuna, Aniwa

		Population by Sex			
Island	Area Council	Total	Male	Female	Households
Erromango	North Erromango	1360	687	673	224
	South Erromango	599	286	313	101
Tanna	North Tanna	4277	2065	2212	792
	Middle Bush Tanna	4512	2257	2255	805
	West Tanna (includes capital)	8275	4150	4125	1437
	Whitesands	6438	3201	3237	1224
	South West Tanna	4283	2126	2157	670
	South Tanna	1014	525	489	227
Aniwa	Aniwa	341	164	177	84
Futuna	Futuna	526	260	266	107
Aneityum	Aneityum	915	481	434	189
Total TAFEA Province		32540	16202	16338	5860

Annex B: Post Emergency M&E based on CCC for Tropical Cyclones

Programme: Rapid Assessment, monitoring and Evaluation

Commitment	Benchmark	Indicators	Data collection methodology	Key Informants
The situation of children and women is monitored and sufficiency analyses and rapid assessments are carried out whenever necessary	Rapid Assessments are conducted in a timely manner for all humanitarian situations.	<p>RA conducted jointly with partners within the first 72 hours.MP: # of hours/days after disaster that an RA was conducted.</p> <p>Extent to which all relevant information are covered in the assessments including gender. (And what else?)</p> <p>Ratio of f women to men members of the assessment team.</p> <p>MP: Extent to which data are disaggregated to also include female-headed household.</p>	<p>Desk review, Focus group discussion</p> <p>Key informant interview, (Desk Review)</p>	<p>UNICEF</p> <p>UNICEF</p> <p>UNICEF</p> <p>UNICEF</p>
Systems for performance benchmarking regularly	CCCs and related policies,	Level of inclusion of CCC benchmarks	Desk review	UNICEF

<p>monitor UNICEF's humanitarian action, enabling CCC implementation to be measured.</p>	<p>guidelines and UNICEF quality and accountability standards are used in designing and implementing performance benchmarking</p>	<p>into monitoring framework or plan.</p> <p>% of CCC benchmark reflected in monitoring template/plan.</p> <p>The level of inclusion of accountable standards in the design and implementing performance monitoring.</p>		<p>UNICEF</p> <p>UNICEF</p>
<p>Humanitarian action is regularly assessed against CCC, policies, guidelines, UNICEF quality and accountability standards and stated objectives of humanitarian action through evaluative exercises with partners whenever possible.</p>	<p>An evaluative exercise evaluation or a lighter form of review, depending on resources and context is undertaken within 3-4 months of a major sudden onset emergency, or incorporated into regular</p>	<p>No of evaluative exercise(s) carried out within first 3-4 months of the onset of emergency involving partners.</p> <p>Evaluative exercises done in accordance with UNICEF policies and accountability standards.</p>	<p>Desk review</p> <p>Key informant Interview</p> <p>End-user spot survey- random</p>	<p>UNICEF</p> <p>UNICEF</p>

	strategic planning exercises in chronic emergencies.		sampling.	
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Programme – Nutrition

Commitment	Benchmark	Indicators	Data collection methodology	Key Informants
Commitment 2: Timely nutritional assessment and surveillance systems are established and/or reinforced.	Benchmark 2: Quality assessments are reported on in a timely fashion and provide sufficient information for decision-making, including the scope and severity of the nutritional situation, the underlying causes of malnutrition and contextual factors	<p>No of quality-monitoring on nutritional status conducted</p> <p>No. of households who have received emergency food supplies</p> <p>% of severely & moderately underweight (weight for age) u-5 children in selected most-affected communities.</p>	<p>Survey</p> <p>Key Informant Interview.</p> <p>Nutrition monitoring and surveillance implemented in TAFEA</p>	<p>Health Worker</p> <p>Area Secretary, (Province)/</p> <p>NDMO</p> <p>Health Worker</p>

<p>Commitment 6: Children and women access relevant information about nutrition programme activities.</p>	<p>Benchmark 6: Communication activities providing information on nutrition services (including how and where to access them) and entitlements are conducted in all emergency-affected areas</p>	<p>No of nutrition communication material/activities developed and disseminated</p> <p>% of women who have received nutrition information on infant feeding in emergencies. OK</p>	<p>Survey/interview / (KII)</p>	<p>Health Worker/ Community</p> <p>Health Worker/ Community</p>
<p>Commitment 3: Support for appropriate infant and young child feeding (IYCF) is accessed by affected women and children.</p> <p>This one we will now encourage health</p>	<p>Benchmark 3: All emergency-affected areas have an adequate number of skilled IYCF counsellors and/or functioning support groups.</p>	<p>Level or extent of engagement by nutrition support groups on IYCF.</p> <p>(Establish agreed level/extent of engagement/activities required by the support group. Support group in Vanuatu context are the village health workers and other NGOs)</p> <p>No. of nutrition education sessions on IYCF conducted in</p>	<p>Key Informant interview</p> <p>Nutrition monitoring and surveillance</p>	<p>Health Worker</p> <p>Community</p>

workers to do when we go for the monitoring trip.* So you might want to decide whether we include or not.		the community		
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- Possible joint monitoring

Programme – WASH

Commitment	Benchmark	Indicators	Data collection methodology	Key Informants
Commitment 1: Effective leadership is established for WASH cluster/inter-agency coordination, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.	Benchmark 1: Coordination mechanism provides guidance to all partners on common approaches and standards; ensures that all critical WASH gaps and vulnerabilities are identified; and provides information on who is doing what, where, when and how, to ensure that all gaps are addressed without duplication	# of WASH cluster meetings with minutes/action plan shared with NDMO and with other clusters. WASH Cluster plan developed and implemented % /no of counterparts provided with guidance on	Interview Interview/survey	UNICEF UNICEF UNICEF

		<p>common WASH approaches and standards</p> <p>% of WASH gaps addressed by WASH intervention</p> <p>no of partner agencies provided with guidance on common approaches and standards</p>		<p>UNICEF</p> <p>UNICEF</p>
<p>Commitment 2: Children and women access sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene</p>	<p>Benchmark 2: Children and women have access to at least 7.5–15 litres each of clean water per day.</p>	<p>% of children and women with access to required amount of clean water a day.</p> <p>% children and mothers (and men) with access to required amount of clean water a day.</p>	<p>survey</p>	<p>Community</p> <p>Community</p>
<p>Commitment 3: Children and women access toilets and washing facilities that</p>	<p>Benchmark 3: A maximum ratio of 20 people per hygienic toilet or latrine</p>	<p>-% of HH with hygienic toilets with hand washing facility.</p>	<p>Survey</p>	<p>Community</p>

<p>are culturally appropriate, secure, sanitary, user-friendly and gender-appropriate.</p>	<p>squat hole; users should have a means to wash their hands after defecation with soap or an alternative (such as ash).</p>	<p>% of any (if any) vulnerable communities/villages not covered by the response.</p>	<p>Desk review</p>	<p>UNICEF</p>
<p>Commitment 4: Children and women receive critical WASH-related information to prevent child illness, especially diarrhoea.</p>	<p>Benchmark 4: Hygiene education and information pertaining to safe and hygienic child-care and feeding practices are provided to 70% of women and child caregivers.</p>	<p>% of women who receive information on safe and hygienic child-care.</p> <p>% of women and caretakers who have received messages on improved hygiene practices</p> <p>No significant increase in the incidence of diarrhea among under-5 children within a month after TC.</p>	<p>Interview</p> <p>survey</p> <p>Review of Health records, (KII)</p>	<p>Community</p> <p>Community</p> <p>Health Worker</p>

Supplies

Commitment	Benchmark	Indicators	Data collection methodology	Key Informants
Commitment 1: Essential supplies necessary to alleviate humanitarian suffering in women and children are deployed by UNICEF and partners.	Benchmark 1: All pre-agreed commodities are delivered to the country within specified time frames (72 hours, 2 weeks and 8 weeks); All commodities are delivered to point-of-use or partner.	<p>% of pre-agreed commodities/supplies delivered by UNICEF to Government within required timeframe.</p> <p>% of pre-agreed commodities/supplies received by partners and users within the required timeframe.</p> <p>% of women who received emergency supplies</p>	<p>Desk review</p> <p>Key Informant Interview</p> <p>survey</p>	<p>UNICEF</p> <p>UNICEF</p> <p>Community</p>
Commitment 2: Supply response by UNICEF and partners is appropriately resourced.	Benchmark 2: Financial, material and human resources to support supply delivery are identified, accessed and deployed.	<p>Amount of new budget mobilized and % utilization.</p> <p>No of additional staff deployed</p>	<p>Desk review</p> <p>Interview</p>	<p>UNICEF</p> <p>UNICEF</p>

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Programme – Health

Commitment	Benchmark	Indicators	Data collection methodology	Key Informants
Commitment 3: Children, adolescents and women equitably access essential health services with sustained coverage of high-impact preventive and curative interventions.	Benchmark 3: 90% of children aged 12–23 months fully covered with routine EPI vaccine doses; no stock-outs of antibiotics (tracer for health), oxytocin (tracer for basic emergency obstetric and newborn care services), iron/folic acid (tracer for antenatal care) and anti-retrovirals (tracer for prevention of mother-to-child transmission) in health centres in affected areas; at least one basic emergency obstetric care	Regular schedule of routine immunization maintained. % of cold chain systems functional with enough supply of vaccines. EPI coverage rate for children 12-23 months. No of children under 5 with diarrhoea within the first 2 weeks after	Survey Key informant interview Desk review of hospital records (KII)	Community/ Health Worker Health Worker Health Worker Health Worker

	facility per 100,000 people.	TC Vania. (Also WASH Indicator) No of women who received health supplies		Health Worker
Commitment 4: Women and children access behaviour-change communication interventions to improve health-care and feeding practices.	Benchmark 4: All affected populations are exposed to key health education/promotion messages through multiple channels.	% of population in affected areas who have access to key health messages No of channels of communication used to relay messages. % of children under 12-59 months with feeding problems (identify problems before the survey) % of women have	Survey/interview Focus group discussion	Health Worker Health Worker Health Worker/ Community

		access to health care		Health Worker
		No of health care facilities providing service to women		Health Worker
Commitment 5: Women and children have access to essential household items.	Benchmark 5: 90% of affected population has access to essential household items.	% of affected population with access to essential household items. (nb..need to establish what are essential items in Vanuatu context)	Survey/interview	Community

Programme – Child Protection

Commitment	Benchmark	Indicators	Data collection methodology	Key Informants
Commitment 3: Key child protection mechanisms are strengthened in emergency-affected areas.	Benchmark 3: A plan is in place for preventing and responding to major child protection risks,	whether or not systems are in place (systems can be chiefs, extended family, women's	Desk review, (KII)	UNICEF

	building on existing systems; safe environments are established for the most vulnerable children.	groups, police)		
Commitment 5: Violence, exploitation and abuse of children and women, including GBV, are prevented and addressed.	Benchmark 5: Affected communities are mobilized to prevent and address violence, exploitation and abuse of children and women; existing systems to respond to the needs of GBV survivors are improved.	No of community groups who have the skills to identify, reporting & responding to cases of violence, exploitation and abuse.	Survey Key Informant Interview	UNICEF

Programme – Education

Commitment	Benchmark	Indicators	Data collection methodology	Key Informants
Commitment 1: Effective leadership is established for education cluster/ inter-agency coordination (with co-lead	Benchmark 1: Coordination mechanism provides guidance to all partners on common	Extent/level of guidance on common standards provided to counterparts	Key informant interview	MoE/ UNICEF

agency), with links to other cluster/sector coordination mechanisms on critical intersectoral issues.	standards, strategies and approaches, ensuring that all critical education gaps and vulnerabilities are identified, and provides information on roles, responsibilities and accountability to address all gaps without duplication	Primary school enrolment during the first 2 weeks after CTVania. No of students who receive emergency food supplies disaggregated by gender and location.	Review of school records (KII)	Principal Principal
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Programme – HIV & AIDS

Commitment	Benchmark	Indicators	Data collection methodology	Key Informants
Commitment 1: Children, young people and women have access to information regarding prevention, care and treatment.	Benchmark 1: 90% of affected population is reached and provided with information on prevention, care and treatment.	% of affected population provided with information on HIV prevention, care and treatment.	Survey	Community

Media and Communications (No benchmark)

Commitment	Indicators	Data collection methodology	Key Informants
Commitment 1. Accurate information about the impact of the situation on children and women is rapidly provided to national committees and the general public through local and international media	<p>- No of press releases and statements by UNICEF within the first 72 hours</p> <p>No of information/messages provided to National Committees and general public (volume of coverage, prominence of coverage, key message pick-up)</p>	<p>Desk Review</p> <p>Meltwater media monitoring and desk review</p>	<p>UNICEF</p> <p>UNICEF</p>
Commitment 2. Humanitarian needs and the actions taken to address them are communicated in a timely and credible manner to advocate for the child-friendly solutions, increase support for the response and where necessary, assist with fundraising.	<p>-No and frequency of Sitreps completed</p> <p>-Extent of needs of children and women addressed by Sit Reps</p> <p>Level/no of support received from other organisation/groups/national committees.</p>	<p>Desk review</p> <p>(Desk Review)</p>	<p>UNICEF</p> <p>UNICEF</p> <p>UNICEF</p> <p>UNICEF</p>

	- No of funding requests to Donors submitted.		
	-		

Resource Mobilisation (No benchmark)

Commitment	Indicators	Data collection methodology	Key Informants
Commitment 1 Quality, flexible resources are mobilised in a timely manner to meet the rights and needs of children and women in humanitarian crises.	% of required resources to meet rights and need of children mobilised within the first weeks.	Desk Review	UNICEF

Finance and Administration (No benchmark)

Commitment	Indicators	Data collection methodology	Key Informants
Commitment 1		Desk Review	UNICEF

<p>Effective and transparent management structures are established, with support from the Regional Office and UNICEF Headquarters, for effective implementation of the programme and operational Core Commitments for Children. This should be done in an environment of sound financial accountability and adequate oversight.</p>	<p>Whether or not management structures we set up in support of the CO.</p>		
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Annex C: Forms and questionnaires

Desk Review- Tropical Cyclone

Coordination	Document/ Report/ Intervention	Agency Author	Intervention
SITREP			
Minutes WASH			
Minutes OTHER			
Press Release			
Trip Reports			
Other			

Strategic Result Commitment Benchmark Value	Informant	2.2 Rapid assessment, monitoring and evaluation STRATEGIC RESULT: Humanitarian action for girls, boys and women is timely, effective and efficient.	Responses
2.2.1.a	UNICEF	How many days after the cyclone was the Rapid Assessment conducted?	
		Were all key partners part of the Rapid Assessment	[Y/N]
		Was the Rapid Assessment approved by NDMO?	[Y/N]
2.2.1.b 2.2.2.c	UNICEF	Does the assessment include the following thematic areas of the CCC	% of Indicators Covered
		2.2 Rapid Assessment, monitoring and evaluation	%
		2.3 Nutrition	%
		2.4 Health	%

		2.5 Water, Sanitation and Hygiene	%
		2.6 Child Protection	%
		2.7 Education	%
		2.8 HIV and AIDS	%
		2.9 supply and Logistics	%
		3.1 Media and communications	%
		3.4 Resource mobilization	
		3.5 Finance and administration	
2.2.1.b	UNICEF	Do questionnaires target HH headed by women	[Y/N]
		If NO What is the reason?	
		[Note Comment]	
2.2.1.b	UNICEF	Does the assessment questionnaire address Gender issues? (List Assessments)	
		1. Initial assessment, Category C; Current crisis caused people to leave, Male/ Female, Boys/ Girls, >18/ <18	[Y/N]
		2. Initial assessment, Category D; Single headed family Male/ Female	[Y/N]
		3. Initial assessment, Category B, sub; Water supply requirements, Male/ Female, Boys/ Girls, >18/ <18	[Y/N]
		4. Initial assessment, Category C, sub; Safety & Protection, Male/ Female, Boys/ Girls, >18/ <18	[Y/N]
2.2.1.c	UNICEF	Was there a gender balance on the Rapid Assessment Team	
		RA date/ type	Number of Women in RA
		Number of men in RA	
		1.	
		2.	
		3.	
		4.	
2.2.1.d	UNICEF	Was a methodology used for HH selection documented	
		List RA undertaken	Documented in report?
		Female head of HH part of method	
		1.	[Y/N]
		2.	[Y/N]
		3.	[Y/N]
		4.	[Y/N]
2.2.2.a *	UNICEF	Number of Benchmark Indicators covered in Rapid Assessment, (Initial assessments in areas of Rapid	

		Assessment, Education and Nutrition assessment? (Total Indicators = 60)	
		Are government partners and provincial partners with activities in the affected area included in the assessment?	[Y/N]
2.2.3.a	UNICEF	List number of evaluations conducted within the first four months since the onset of the cyclone?	
		Nutrition, Health, WASH	Nutrition: Health: WASH:
		Child Protection	
		Education	
		HIV and AIDS	
		Media and Communication responses	

Nutrition

Strategic Result Commitment Benchmark Value	Informant	2.3 Nutrition Strategic Result STRATEGIC RESULT: The nutrition status of girls, boys and women is protected from the effects of humanitarian crisis	Responses
2.3.2.a	Health Worker	Number of Nutritional surveys conducted after the TC	

Water, sanitation and hygiene

Strategic Result Commitment Benchmark Value	Informant	2.5 Water, Sanitation and Hygiene STRATEGIC RESULT: Girls, boys and women have protected and reliable access to sufficient, safe water and sanitation and hygiene facilities	Response
2.5.3.b	UNICEF	Total number of Communities	
		Total number of Communities targeted by WASH	
		Total number of Communities targeted by Nutrition	
		Total number of Communities targeted by CP Media	

Supply and Logistics

Strategic Result Commitment Benchmark Value	Informant	2.9 Supplies and Logistics STRATEGIC RESULT: Essential commodities for girls, boys and women are available at global national and point-of-use levels	Response
2.9.1.a	UNICEF	What did (UNICEF) agree to deliver to TC stricken	Quantity

		area?	
		1.	
		2.	
		3.	
	UNICEF	Did (UNICEF) actually deliver to TC stricken area?	Quantity
		1.	
		2.	
		3.	
		Where there any delays?	[Y/N]
		[Note comment]	
2.9.2.a	UNICEF	How much funds were mobilized?	Amount
		- Nutrition	
		- WASH	
		- Education	
		- Child Protection	
		- Other	
		How much of these funds were utilised?	Amount
		- Nutrition	
		- WASH	
		- Education	
		- Child Protection	
		- Other	

Child Protection

Strategic Result Commitment Benchmark Value	Informant	2.6 Child Protection STRATEGIC RESULT: Girls' and boys' rights to protection from violence, abuse and exploitation are sustained and promoted.	Response
2.6.3.a	UNICEF	Are key personnel trained in the TC affected area in the protection of children?	[Y/N]
		[Note comment]	

Media and communications

Strategic Result Commitment Benchmark Value	Informant	3.1 Media and communications STRATEGIC RESULT: C1; Accurate information about the impact of the situation on children and women is rapidly provided to national committee and the general public through local and international media. C2; Humanitarian needs and the actions taken to address them are communicated in a timely and credible manner to advocate for child-friendly solutions, increase support for the response and, where necessary, assist with fundraising.	Response
3.1.1.a	UNICEF	How many press releases were released by UNICEF within 72 hours after the TC?	
3.1.1.b	UNICEF	How many information articles on UNICEF interventions were released to the general public?	
3.1.2.a	UNICEF	How many SitReps were completed?	
3.1.2.b		On average what was the frequency of release, (Days lapsing)?	
3.1.2.c	UNICEF	What organisations, groups, national committees including the UN supported the interventions	
		Organisation	Intervention
		1.	
		2.	
		3.	
		4.	
		5.	
		6.	
3.1.2.d	UNICEF	What funding requests to Donors were submitted	
		Organisation	Request
		1.	
		2.	
		3.	

Resource Mobilisation

Strategic Result Commitment Benchmark Value	Key Informant	3.4 Resource mobilization STRATEGIC RESULT: Quality, flexible resources are mobilized in a timely manner to meet the rights and needs of children and women in humanitarian crises.	
3.4.1.a	UNICEF	What measure of interventions has been carried out to support the rights and needs of Children within the first weeks.	
		Programme	% of work completed
		Rapid Assessment M&E	Expected time frame for completion, (Wks)
		Nutrition	
		WASH	
		Supplies, (Apart from current list)	

		Health		
		Child Protection		
		Education		
		HIV		
		Resource Mobilization		
		Finance and Administration		

Finance and administration

Strategic Result Commitment Benchmark Value	Key Informant	3.5 Finance and administration STRATEGIC RESULT: Effective and transparent management structures are established, with support from the Regional Office and UNICEF headquarters, for effective implementation of the programme and operational Core Commitments for Children. This is done in an environment of sound financial accountability and adequate oversight.	
3.5.1.a	UNICEF	Are regular reporting between Field Office and Country office established within the first few weeks after the TC?	[Y/N] Y
		What support has been provided to the Field Office from the Country Office?	Timely Response
		1.	[Y/N]
		2.	[Y/N]
		3.	[Y/N]
		4.	[Y/N]
		Have the resources requested been approved	% Approved
		1. Financial Assistance	%
		2. Pre-positioned supplies	%
		3. Staffing requests	%

Household Survey Vanuatu TC Vania/ Atu Response May, 2011

QUESTIONNAIRE : FOR MOTHERS OF CHILD 6 MONTHS TO 5 YEARS

INTERVIEWER'S: Name _____

DATE OF INTERVIEW: dd ____ / mm ____ / 2011

Province: _____ Island _____ village: _____

CHECKED by Supervisor: Signature _____ dd ____ / mm ____ / 2011

Note to interviewer:

Please clarify with respondent that all interviews will be conducted one-to-one and could she/he allocate a quiet place where you can interview in privacy. Assure that you will respect the privacy regarding information collected, to the respondent.

Now proceed to Consent Form

CONSENT FORM

Hello. My name is I am interested in finding out what people in your community know about some messages and supplies that have been distributed since Cyclone Vania hit your village. The survey is presently being undertaken in __ districts of Vanuatu on behalf of the Government of Vanuatu, and UNICEF. The survey will be of no direct benefit to you. Government officials will be given the results and recommendations. UNICEF will use the results to further fine-tune its current interventions and if needed design more appropriate interventions. You have been chosen randomly from the list of mothers in this village/settlement. This survey will not cause you any harm, which means that your helping us in this survey will not cause you any problems. However, some of the issues that may be discussed may be of a personal and sensitive nature. If at any time you do not want to discuss any of the issues you are not obliged to do so. Please understand that your participation is voluntary. You can decide to be interviewed or not to be interviewed at any time during our stay. If you don't wish to be interviewed, that's okay. Just say that you do not wish to be interviewed. If you wish to stop the interview at any time that's okay. Just say that you do not wish to continue. After our talk we can discuss any questions you may have related to the issues discussed. The interview will take about 30 minutes. We would greatly appreciate your help in responding to this survey. Before I go any further, *do you have any questions?*

Do you agree with me interviewing you today?

(Signature of interviewer certifying that informed consent has been given verbally by respondent)

BASIC DEMOGRAPHICS

1. Age of respondent (mother) _____
2. Religion _____
3. How many children aged 6 months to 5 years do you have? ___ Male ___ Female

NUTRITION, HEALTH, WATER AND SANITATION

Please tick all that apply and explain where needed.

1. Have you received any government food rations after the disaster?	Yes / No
2. Have you received any information about what rations to give women and children?	Yes / No
3. Have you received any information about infant feeding in emergency?	Yes / No
4. Since the disaster, have there been any changes in the feeding of your children? (Tick as many as relevant)	
<i>Less breastfeeding now</i>	
<i>Reduced complimentary feeding</i>	
<i>Less food given in meals now</i>	
<i>Reduced number of meals</i>	
<i>Less variety of foods</i>	
Other	
5. Since the disaster, what are your main concerns for feeding the family: (Tick as many as relevant)	
<i>Unavailability of food when supplied rations stops</i>	
<i>Insufficient quantities received for family food needs?</i>	
<i>Not enough cash to buy available food</i>	
<i>Not enough cash to buy fuel to cook food</i>	
<i>Unavailability of cooking/eating utensils</i>	
<i>No food/money for children's school lunch</i>	
Other	

6. Since the disaster, do you have access to clean water?	YES/ NO
7. (If yes,) How many litres per day (show UNICEF 10litre water container)?	_____ litres per family _____ litres per each
8. Since the disaster, where does your family defecate? (Tick one)	
<i>Flush latrine</i>	
<i>Water seal toilet</i>	
<i>Pit latrine</i>	
<i>Open defecation (river, bush)</i>	
<i>Don't know</i>	
9. Is there a hand washing facility near the toilet?	YES/ NO

10. Have you received information on hygiene education?	YES/ NO
11. Since the disaster, have you received (WASH-related emergency supplies)?	YES/ NO

12. Did you receive (Health-related supplies) - 2 collapsible 10 lt water containers - 2 packets of purification tabs with instructions - 1 bar of soap - 1 hygiene hand-out - WASH sticker	YES/ NO
13. Did you hear key health messages on the radio	YES/ NO
14. Do(es) your child/ren have (feeding problems prevalent in the affected areas)?	YES/ NO
15. Do you have access to health care? (Health Facility/ trained health person)	YES/ NO
16. Do you have an access to (essential household items)? - Clothing - Cooking utensils - Shelter	YES/ NO

17. After the disaster, did you receive information on HIV/AIDS?	YES/ NO
--	---------

18. Do you have questions or other comments? [Open-ended]

Protection

Strategic Result Commitment Benchmark Value		2.6 Child Protection Strategic Result: Girls' and boys' rights to protection from violence, abuse and exploitation are sustained and promoted.	Responses
2.6.3.a	UNICEF CP team	List community groups who have undergone training in identifying, reporting, responding to cases of violence, exploitation and abuse in the TC affected area.	Number of groups?
		1.	
		2.	
		3.	
		4.	

	UNICEF CP Team	What protection messages were provided?	
		Radio Station Messages	
		Radio Vanuatu AM	[Y/N]
		Radio Crest FM	[Y/N]
		Other	[Y/N]
		Pamphlets	[Y/N]
		Protection officers advocacy	
		[Please describe]	

		Can you tell us about any incidence of abuse/ violence during the tropical cyclone period?	[Y/N]
		If yes, where did it take place?	
		[Please describe]	
		Who was involved?	
		[Please describe]	
		Was it reported?	[Y/N]

		To whom was it reported?	
		[Please describe]	

Post Emergency Monitoring & Evaluation KII Questionnaire, Education Facility

INTERVIEWEE’S: Name _____

DATE OF INTERVIEW: dd ____ / mm ____ / 2011

Province: _____ Island: _____ village: _____

CHECKED by Supervisor: Signature _____ dd ____ / mm ____ / 2011

(Strategic result Commitment Benchmark Value 2.2.3.3)

Note to interviewer:

Please clarify with respondent that all interviews will be conducted one-to-one and could she/he allocate a quiet place where you can interview in privacy. Assure that you will respect the privacy regarding information collected, to the respondent.

Now proceed to Consent Form

CONSENT FORM

Hello. My name is I am interested in finding out what people in your community know about some messages and supplies provided by UNICEF that have been distributed after the disaster. The survey is presently being undertaken in areas affected by the disaster by Government and UNICEF. Although the survey will be of no direct benefit to you, your answers will assist Government and UNICEF come up with recommendations to improve future response to disasters/emergencies. UNICEF will also use the results to further fine-tune their current interventions and if needed design more appropriate interventions. This survey will not cause you any harm, which means that your helping us in this survey will not cause you any problems. However, some of the issues that may be discussed may be of a personal and sensitive nature. If at any time you do not want to discuss any of the issues you are not obliged to do so. Please understand that your participation is voluntary. You can decide to be interviewed or not to be interviewed at any time during our stay. If you don’t wish to be interviewed, that’s okay. Just say that you do not wish to be interviewed. If you wish to stop the interview at any time, that’s okay. Just say that you do not wish to continue. After our talk we can discuss any questions you may have related to the issues discussed. The interview will take about 5 - 10 minutes. We would greatly appreciate your help in responding to this survey. Before I go any further, *do you have any questions?*

Do you agree with me interviewing you today?

(Signature of interviewee after consenting to the interview).

If at any time after this interview you have any questions or would like to speak to someone involved in this survey, please feel free to contact UNICEF on Tel: 24655

Education

Strategic Result Commitment Benchmark Value	Key Informant	2.7 Education Girls and boys access safe and secure education and critical information for their own well-being.	Responses		
2.7.1.a	UNICEF Education	Has MoE provided guidance to the Education Cluster/ NDMO and Schools on the development of a strategic response plan?	[Y/N]		
		[Note comment]			
		Does the school have a school safety response plan?	[Y/N]		
		Do you conduct safety drills?	[Y/N]		
2.7.1.b	Principal	What is the Enrolment of Students at the school			
			Male	Female	Total
		Before the TC			
		Two Weeks after the TC			
2.7.1.c	Principal	Number of Students who received emergency food supplies after TC			
			Male	Female	Total
		Boarding Secondary			
		Non-boarding Secondary			
		Primary			

	Principal	What damage was sustained during TC?			
		If repairs done, Who contributed helped in repairs?			
		Community Assistance	[Y/N]		
		School Grant	[Y/N]		
		Other	[Y/N]		
		[Secondary schools] Were school fees waived for students?			

		Term 1	[Y/N]
		Term 2	[Y/N]
		Term 3	[Y/N]

Post Emergency Monitoring & Evaluation KII Questionnaire, Health Facility

INTERVIEWEE’S: Name _____

DATE OF INTERVIEW: dd ____ / mm ____ / 2011

Province: _____ Island: _____ village: _____

CHECKED by Supervisor: Signature _____ dd ____ / mm ____ / 2011

(Strategic result Commitment Benchmark Value 2.2.3.3)

Note to interviewer:

Please clarify with respondent that all interviews will be conducted one-to-one and could she/he allocate a quiet place where you can interview in privacy. Assure that you will respect the privacy regarding information collected, to the respondent.

Now proceed to Consent Form

CONSENT FORM

Hello. My name is I am interested in finding out what people in your community know about some messages and supplies provided by UNICEF that have been distributed after the disaster. The survey is presently being undertaken in areas affected by the disaster by Government and UNICEF. Although the survey will be of no direct benefit to you, your answers will assist Government and UNICEF come up with recommendations to improve future response to disasters/emergencies. UNICEF will also use the results to further fine-tune their current interventions and if needed design more appropriate interventions. This survey will not cause you any harm, which means that your helping us in this survey will not cause you any problems. However, some of the issues that may be discussed may be of a personal and sensitive nature. If at any time you do not want to discuss any of the issues you are not obliged to do so. Please understand that your participation is voluntary. You can decide to be interviewed or not to be interviewed at any time during our stay. If you don't wish to be interviewed, that's okay. Just say that you do not wish to be interviewed. If you wish to stop the interview at any time, that's okay. Just say that you do not wish to continue. After our talk we can discuss any questions you may have related to the issues discussed. The interview will take about 5 - 10 minutes. We would greatly appreciate your help in responding to this survey. Before I go any further, *do you have any questions?*

Do you agree with me interviewing you today?

(Signature of interviewee after consenting to the interview).

If at any time after this interview you have any questions or would like to speak to someone involved in this survey, please feel free to contact UNICEF on Tel: 24655

Nutrition/ Health/ WASH

Strategic Result Commitment Benchmark Value	Informant	2.3 Nutrition. STRATEGIC RESULT: The Nutrition status of girls, boys and women is protected from the effects of humanitarian crisis.	Responses						
			Age Group, (Months)						Total
			0-5 Months		6-23 Months		24-59 Months		
		No. Children	M	F	M	F	M	F	
2.3.2.c	Health Worker	Current Records							
	Health Worker	Diagnosed Malnutrition							
2.5.4.c 2.4.3.d	Health Worker	Diagnosed Diarrhoea							

2.3.3.a	Health Worker	How many mothers receive information/ support in nutrition recommended practices in emergencies, (i.e. Boiling water, Hand washing, Breastfeeding & Complimentary feeding, Nutrition of pregnant/ breastfeeding mothers, routine clinic visits to ANC/ MCH)	
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Health

Strategic Result Commitment Benchmark Value	Informant	2.4 Health Strategic Result: Excess mortality among girls, boys and women in humanitarian crisis is prevented.	Responses
2.4.3.a	Health Worker	Do you have a schedule of immunization visits? [Ask to show you]	[Y/N]
		Do you regularly follow-up the schedule? [Ask to show]	[Y/N]
		If you do not regular visits, what is the cause? [Note comment]	
2.4.3.b	Health Worker	Do you have a cold chain system?	[Y/N]
		Is this working properly?	[Y/N]
		How many months will your supply of vaccines last for?	
2.4.3.c	Health Worker	What is the number of children aged 12 to 23 months?	
		How many of these Children have you seen for immunization?	
2.4.3.e	Health Worker	After the TC, did you receive UNICEF donated Health kits?	[Y/N]

		How many women did you distribute the health kits to?	
		How many women did you distribute ORS to?	

Post Emergency Monitoring & Evaluation KII Questionnaire- RA Provincial and NDMO

INTERVIEWEE'S: Name _____

DATE OF INTERVIEW: dd ____ / mm ____ / 2011

Province: _____ Island: _____ village: _____

CHECKED by Supervisor: Signature _____ dd ____ / mm ____ / 2011

(Strategic result Commitment Benchmark Value 2.2.3.3)

Note to interviewer:

Please clarify with respondent that all interviews will be conducted one-to-one and could she/he allocate a quiet place where you can interview in privacy. Assure that you will respect the privacy regarding information collected, to the respondent.

Now proceed to Consent Form

CONSENT FORM

Hello. My name is I am interested in finding out what people in your community know about some messages and supplies provided by UNICEF that have been distributed after the disaster. The survey is presently being undertaken in areas affected by the disaster by Government and UNICEF. Although the survey will be of no direct benefit to you, your answers will assist Government and UNICEF come up with recommendations to improve future response to disasters/emergencies. UNICEF will also use the results to further fine-tune their current interventions and if needed design more appropriate interventions. This survey will not cause you any harm, which means that your helping us in this survey will not cause you any problems. However, some of the issues that may be discussed may be of a personal and sensitive nature. If at any time you do not want to discuss any of the issues you are not obliged to do so. Please understand that your participation is voluntary. You can decide to be interviewed or not to be interviewed at any time during our stay. If you don't wish to be interviewed, that's okay. Just say that you do not wish to be interviewed. If you wish to stop the interview at any time, that's okay. Just say that you do not wish to continue. After our talk we can discuss any questions you may have related to the issues discussed. The interview will take about 5 - 10 minutes. We would greatly appreciate your help in responding to this survey. Before I go any further, *do you have any questions?*

Do you agree with me interviewing you today?

(Signature of interviewee after consenting to the interview).

If at any time after this interview you have any questions or would like to speak to someone involved in this survey, please feel free to contact UNICEF on Tel: 24655

Rapid assessment, monitoring and evaluation

Strategic Result Commitment Benchmark Value	Informant	2.2 Rapid assessment, monitoring and evaluation STRATEGIC RESULT: Humanitarian action for girls, boys and women is timely, effective and efficient.	Responses
2.2.2.e	NDMO Peter Korisa; Province David Tovovur RA Team	Were the interviews conducted according to the following standards?	
		- Participation voluntary	
		- Assurance of privacy -	
		- Consent -	
		- HH selection included women headed HH	
		- Assessment team include women	

Nutrition

Strategic Result Commitment Benchmark Value	Informant	2.3 Nutrition. STRATEGIC RESULT: The Nutrition status of girls, boys and women is protected from the effects of humanitarian crisis.	Responses
2.3.2.b	NDMO Peter Korisa;	What is the total number of HH affected	

	Province David Tovovur		
		What is the number of households who have received emergency food supplies, (Rice)	
		Where is the discrepancy?	
		[Note comment]	
		Why the discrepancy?	
		[Note comment]	
		How many HH got the seeds and cuttings?	
		Why the discrepancy?	
		[Note comment]	

Supplies and Logistics

Strategic Result Commitment	Informant	2.9 Supplies and Logistics Essential commodities for girls, boys and women are available at global, national and point-of-use levels.	Responses
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Benchmark			
Value			
2.9.1.b	NDMO Peter Korisa; Province David Tovovur	Were supplies were actually deliver to TC stricken area?	Quantity
		1.	
		2.	
		3.	
		4.	
		Where there any delays?	[Y/N]
		[Note comment]	

Focus Group Discussion

INTERVIEWER'S: Name _____

DATE OF DISCUSSION: dd ____ / mm ____ / 2011

Province: _____ Island _____ village: _____

Number of FGD participants: Total _____ Male _____ Female _____

CHECKED by Supervisor: Signature _____ dd ____ / mm ____ / 2011

Note to interviewer/enumerator:

Please assure that you will respect the privacy regarding information collected, to the respondents.

Questions or Statement

Statement 1: Let us talk/discuss Tropical Cyclone Vania/ Atu

Pointer Questions

Health Messages

- Received any or seen any UNICEF flyers? (Show pocket book)
- What are the key messages and why do you think they are important?
- Were they observed? And Why not?

Protection messages

- Did you hear the protection messages on the radio?
- What are the key messages and why do you think they are important
- Were they observed? And Why not?
- Any suggestions to improve out messages?