



Pacific
Humanitarian
Team

**PACIFIC HUMANITARIAN TEAM
COVID-19
RESPONSE PLAN**

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Foreword

The world faces a global health crisis unlike any other in the 75-year history of the United Nations (UN) – one that is spreading human suffering, crippling the global economy and upending people’s lives. COVID-19 is threatening the whole of humanity – and the whole of humanity must fight back. Global action and solidarity are crucial.

This global pandemic impacts people and communities differently and underlying structural problems exacerbate immediate needs. This makes it necessary to consider priority risks and vulnerabilities to address urgent humanitarian needs while simultaneously addressing chronic development deficits. The aim should be to reverse the impact of the pandemic and strengthen resilience by building back better. In the Pacific, the impacts of climate change through natural disasters continue to compound the situation as evidenced recently by the impact of Tropical Cyclone Harold on four countries in the region. Pacific Island countries and territories (PICTs) have been responding to the challenge and have provided strong leadership to protect their populations from the spread of COVID-19. This quick action has helped prevent a more extensive spread of the disease and certainly helped save lives.

The Secretary General (SG) of the UN has requested the UN Resident Coordinators (RCs) to lead the support of the UN and its partners to countries in the fight against the pandemic through an effective humanitarian response that strengthens healthcare systems, builds community engagement and protects the most vulnerable, especially women and children, older people, and those with disabilities or chronic illness. Accordingly, we have mobilized an expanded Pacific Humanitarian Team (PHT) comprising of government representatives, UN agencies, regional and multilateral organisations, NGOs, donors and development partners in the region to harness our collective resources and assist Pacific countries in line with their national priorities. The PHT works in tandem with the Joint Incident Management Team (JIMT) and the UN Country Team, which are focused on the health sector response and the immediate socio-economic response and recovery respectively. The PHT Humanitarian Response Plan (HRP) is closely linked to the JIMT COVID-19 Pacific Health Sector Support Plan – Phase 2. and seeks to complement the health-led response with a multi-sector approach. Some components of the HRP are already supported through the Secretary General’s COVID-19 Response and Recovery Fund, which aims to help low and mid-income countries mitigate the socio-economic impact of the crisis and restore inclusive growth, and through extensive reprogramming of existing development initiatives in the Pacific.

Through the HRP, the PHT aims to effectively support national responses to the crisis in all 14 PICTs falling under its purview. The HRP will be updated as countries continue to develop their national response plans. We would like to recognize and applaud the efforts of the PICTs in leading the preparation and response to the pandemic to ensure that populations are adequately protected from the disease. We would also like to affirm that national response plans and priorities in the fight against COVID-19 form the basis for the Pacific Humanitarian Team’s work, as captured in this HRP.

We appeal to donors to support this plan to help countries in the Pacific stem the impact of the pandemic. We also acknowledge the bilateral support of countries to the Pacific’s fight against COVID-19 and the contributions of international financial institutions (IFIs).

Together we must work to ensure that the impact of COVID-19 is mitigated in the Pacific region and that longer-term consequences are addressed.

Yours in solidarity,

Simona Marinescu
Resident Coordinator
Cook Islands, Niue, Samoa and Tokelau

Sanaka Samarasinha
Resident Coordinator
Federated States of Micronesia, Fiji,
Kiribati, Marshall Islands, Nauru, Palau,
Solomon Islands, Tonga, Tuvalu and
Vanuatu

Introduction

Since the start of the outbreak, the COVID-19 pandemic has claimed more than a quarter of a million lives across over 200 countries and territories. The global impact is unprecedented, both in terms of prompting the scaling-up of public health preparedness and response and protection of vulnerable people, and in terms of requiring mitigation of broader social and economic shocks.

For the Pacific, despite geographic isolation, the risk of transmission to vulnerable populations remains high, and community transmission has occurred in the Republic of Fiji. Experience from other countries indicate that widespread community transmission (stage three) can quickly follow and should be anticipated. As Pacific Island Countries (PICs) begin to review options for gradually opening national borders, the region must maintain vigilance for new introductions of the virus from new foci of transmission, and the potential for a second epidemic wave when countries ease travel restrictions and local physical (social) distancing measures, as has been seen elsewhere. Several PICs also suffer from high levels of non-communicable diseases which could elevate the risk of severe cases of COVID-19, should an outbreak materialize.

Humanitarian needs are likely to emerge in the Pacific as a result of excessive pressure on health systems and the overall delivery of essential services, as well as secondary effects on employment, the economy and mobility, the rule of law, protection of human rights, and possible social discontent and unrest. While COVID-19 has a greater morbidity and mortality impact among specific vulnerable groups such as older people, the chronically ill, the immunologically compromised, and people with disabilities, its spread is linked to the rapid circulation of the virus in the general population. The effects of the disease are less severe in most cases in younger and otherwise healthy population groups, but indirect effects associated with preventive measures such as confinement and border closures, greatly influence the ability of people to secure a basic living, especially where tourism is a large part of the country's Gross Domestic Product. These effects are also overburdening health-care systems, and putting pressure on education access and many other basic services, aggravating difficulties that existed prior to the pandemic.

Understanding the socioeconomic impacts of the pandemic is crucial, including key risks and vulnerabilities impacting issues such as social cohesion, conflict management, gender inequality and gender-based violence. The PHT and its counterparts are currently gathering and analyzing information on the situation in the region, to determine how vulnerable people assisted through ongoing operations might be affected. This means identifying additional vulnerable groups in need of assistance, introducing new activities, reprogramming resources and working with donors and counterparts to prioritize strategic funding for the response. Although needs assessments and analysis are seriously constrained by restricted mobility and avoidance of social interactions, country response plans are being used as primary sources to inform and prioritize PHT assistance.

This PHT COVID-19 HRP reflects the current resources dedicated to the humanitarian response in the region, and seeks to mobilize additional resources needed to ensure that gains already achieved in these countries are not lost, and that urgent needs arising as a direct result of COVID-19 are addressed. The activities described in the plan will be further developed in country consultations to finalize the initial response and adapt it as country priorities evolve. Organisations who are part of this HRP will use it as a basis for discussing specific proposals with bilateral donors and partners, in order to support cluster responses. This HRP will be updated on a regular basis as new information emerges from countries, and priorities adjusted to reflect the evolving situation.

During this process, we also intend to work and consult with development partners to review how priority risks and vulnerabilities can be addressed through strategic development interventions across relevant frameworks to avoid exacerbating humanitarian needs. For one, the envisaged socio-economic impact assessments will provide important data which will inform the development response. Other global instruments such as the UN COVID-19 Response and Recovery Fund established through the SG's *Framework for the Immediate Socio-Economic Response to COVID-19* will also be leveraged to address resilience needs in the region. Finally, bilateral funding streams for development, such as the New Zealand-UN Pacific Partnership, are being reviewed in close cooperation with relevant donors, to ensure that they support the most urgent priorities in the new context marked by COVID-19.

First round of support to the Pacific from the SG's COVID-19 Response and Recovery Fund

On 15 April, the UN SG launched a first round of financing from the COVID-19 Response and Recovery Fund, which aims to help low and middle-income countries cope with the repercussions of the pandemic, either by supporting the immediate health response, or by providing resources to mitigate the socio-economic fall-out of the crisis. Six PICTs were included for consideration in this first round of funding, and their proposals are summarized in the table below. The proposals are aligned with the cluster priorities outlined in this HRP. The maximum envelope for each of the countries is \$300,000 for this funding round. At time of writing, some of the proposals have already been approved, while others are still under consideration.

Country	MPTF Window	Focus of proposal
Kiribati	Socio-economic impact	Enhancing food security, nutrition and resilience
Solomon Islands	Socio-economic impact	Supporting marketplaces and livelihoods affected by COVID-19 and Tropical Cyclone Harold
Tuvalu	Socio-economic impact	Enhancing food security and socio-economic resilience
Vanuatu	Socio-economic impact	Supporting marketplaces and livelihoods affected by COVID-19 and Tropical Cyclone Harold
Federated States of Micronesia	Health response	Improving access to WASH services in decentralized health facilities
Tokelau	Health response	Enhancing quarantine and case management facilities

Donors are encouraged to assist countries in the Pacific with their responses, and also complement PHT efforts in supporting host countries and our regional and bilateral counterparts. These collective efforts will complement the broader effort by the international community to address the impact of COVID-19.

Purpose and scope of the Pacific Humanitarian Team COVID-19 Humanitarian Response Plan

The COVID-19 PHT HRP is a comprehensive inter-agency response plan that consolidates efforts from UN and non-UN entities, including the International Red Cross and Red Crescent Movement. It also integrates inputs from the humanitarian NGO community capturing the perspectives of local organizations. In line with the *Global Humanitarian Response Plan for COVID-19*, this plan for the Pacific focuses on preparedness and response to complement the health needs already identified and country responses to the pandemic in PICs, including securing critical supply chains and complement the work of the Pacific Islands Forum on the recently established Pacific Humanitarian Pathway on COVID-19 (PHP-C). It also considers the longer-term requirements created by the socio-economic impact of COVID-19 in various sectors.

Funding national response plans of PICTs remains an utmost priority. Every effort will be made to ensure that these plans are fully resourced to avoid further loss of lives and suffering, and the aggravation of vulnerabilities – particularly in light of the regional impacts of Tropical Cyclone Harold in the South Pacific, which is compounding COVID-19 prevention and emergency responses. Where further donor funding is available, additional support can be provided through the PHT to complement these national responses, with emphasis placed on respect for humanitarian principles. All proposed activities will be discussed with partner governments in the region, and subsequent revisions will be made in accordance with the outcome of the consultations.

Current coordination arrangements

The Joint Incident Management Team and the Pacific Humanitarian Team

UN RCs are mandated by the SG to lead the UN response on the ground, ensuring that the wide and diverse expertise and assets of the UN system are used in the most efficient and effective way to support countries. To support Pacific COVID-19 preparedness and response efforts in the health sector, a Joint Incident Management Team (JIMT) was established in January 2020 under the technical leadership of the World Health Organization (WHO). The JIMT currently includes several UN entities, governments and regional organizations.

To date, the JIMT has been providing ongoing laboratory support for PICs with technical guidance on specimen collection, packaging and shipment, as well as referral pathways for COVID-19 samples, and facilitating the delivery of other health supplies including PPEs. In addition, the JIMT provides continued support to PICs in the area of risk communication and community engagement, including direct support to health authorities. The Joint IMT health operations team has been supporting PICs in developing protocols to manage vulnerable groups as well as developing operational guidance and working to address specific support needs.

As the health sector response remains a priority across the Pacific, the JIMT will continue to provide support to countries in development and implementation of Country Preparedness and Response Plans and addressing gaps in preparedness and response capacity for technical and operational implementation. The strategy guiding this work, and the associated funding requirements, are captured in the [Western Pacific Joint Incident Management Team \(JIMT\) COVID-19 PACIFIC HEALTH SECTOR SUPPORT PLAN – Phase 2](#).

Recognizing the magnitude of the response needed to address the protracted nature of the pandemic as well as the need for coordinated and comprehensive system-wide and multi-sectoral approaches going beyond the health sector support, the RCs in the Pacific with support from the Office for the Coordination of Humanitarian Affairs (OCHA) have decided to activate the existing coordination mechanism for the region - the PHT. The PHT is a regional coordination mechanism facilitating collaboration in emergency preparedness and response in the Pacific. Systems are in place for a clear division of responsibility, with the JIMT focusing on the health sector and the PHT on the multi-sectoral response. The activation of the PHT is in line with the system-wide scale-up protocols of the Inter-Agency Standing Committee (IASC), which guides the global humanitarian response.

Given the scale of the PHT membership, the PHT is grouped into three key bodies. These are the PHT Principals, the PHT Inter-Cluster Coordination Group and the PHT Clusters. PHT Clusters are led by agencies as per the below list. For the COVID-19 response, cluster members include Government, donor, IFI, regional organization and civil society representatives:

- Education Cluster (UNICEF and Save the Children)
- Emergency Telecommunications Cluster (World Food Programme (WFP))
- Food Security Cluster (Food and Agriculture Organization and WFP and the Secretariat of the Pacific Community – for the COVID-19 response)
- Health and Nutrition Cluster (World Health Organization (WHO) and UNICEF)

- Logistics Cluster (WFP)
- Protection Cluster (UN Women)
- Shelter Cluster (International Federation of Red Cross and Red Crescent Societies)
- Water, Sanitation and Hygiene Cluster (UNICEF)

The PHT has significantly scaled up its activities to identify and intensify relevant support from key regional clusters to national responses to COVID-19. Additionally, an expanded PHT Forum has been established on a weekly basis bringing together key regional and financial institutions, alongside donors to ensure there is adequate coordination. This forum allows the alignment of national priorities in a multi-country forum.

Pacific Island responses to COVID-19

This section provides an overview of the Pacific countries' responses to the COVID-19 pandemic, as made available to date. It is to be updated as countries further develop their response plans.

Regional overview

The COVID-19 pandemic is an unprecedented public health emergency affecting all countries worldwide. Due to the protracted nature of the COVID-19 precarious situation, the impact of which will have a prolonging effect which disproportionately affects everyone in society/communities regardless. Although to date few cases have been reported in PICs, this situation has the potential to change very quickly, exacerbated by the impact of the recent Tropical Cyclone Harold.

Cook Islands

As of 7 May 2020, the Cook Islands does not have any confirmed cases of COVID-19. The country's health response to COVID-19 was initiated on 22 January 2020 and the National Health Emergency Taskforce (NHET) chaired by the Secretary of Health was activated on 27 January 2020. The health response included the opening of a coughs, colds and flu clinic on 3 February 2020 and re-organisation of health services to community settings, along with the establishment of an Isolation (COVID-19) ward at Rarotonga Hospital on 23 March 2020. The Cook Islands closed its international border to Australia, Tahiti and the US on 15 March 2020 and closed its international border to New Zealand (except for cargo) on 24 March 2020. School holidays were brought forward two weeks earlier than scheduled on 23 March, as the country moved to Code Yellow-Alert stage and enacted the COVID-19 Act on 25 March 2020.

A significant portion of the population in the Cook Islands classify as being vulnerable to the coronavirus with pre-existing conditions and NCDs like diabetes, heart disease and cancer. The Cook Islands' health care system does not have Intensive Care Unit (ICU) capacity, with much of the international support so far acquired going towards boosting the health care sector through provision of vital equipment and essential PPE and supplies. In addition to preventative measures, some of which are mentioned above, the Cook Islands Government is ensuring its healthcare system is able to respond to COVID-19 effectively by, amongst other things, urgently addressing the dengue outbreak and reducing need for accident and emergency care, particularly with medevac capability severely restricted at present.

The Cook Islands do not have testing capacity in-country and is requesting international support to secure COVID-19 lab testing capability. All COVID-19 swabs are sent to New Zealand for processing. Almost 900 swabs have been tested, all negative.

The Cook Islands Government socio-economic response plan, which aims to stimulate economic activity through support to local businesses and protect the livelihoods of the most vulnerable, was launched on 24 March 2020. In an economy as dependent on tourism as the Cook Islands is, the impact on GDP, partially offset by Government's stimulus package, is expected to be immediate and substantial, with real economic growth forecast to contract 4.4 per cent in 2019/20, with a further 5.9 per cent fall in 2020/21, based on current assumptions in a fast-changing environment. The Cook Islands Government will focus its attention on supporting increased investment to help foster growth and diversification of its economy in the absence of tourism. It will make changes to its capital investment program to provide support to the economy, while also building important infrastructure which will ultimately improve productivity. These measures may involve bringing forward particular projects to increase aggregate demand and keep employment levels as high as possible. Complementary strategies providing social protection will be critical in helping the Cook Islands recover from COVID-19.

Federated States of Micronesia

As of 7 May 2020, the Federated States of Micronesia (FSM) does not have any confirmed cases of COVID-19. A national and state public health emergencies have been in place since 31 January 2020. Restrictions of flights have been put in place both on national and state level, reflecting the autonomous status of states in FSM. National congress has allowed some flights, albeit with restrictions such as quarantine and medical clearance. However, all state governors have issued strict orders not allowing passengers to disembark. Currently, there are no passenger flights between states, however, cargo flights continue in reduced capacity. There are fears that arrival of ships will be restricted, causing some concerns regarding whether food and fuel will continue to arrive. Furthermore, some states reported water shortage due to dry season further exacerbates the challenging situation.

All schools at all levels both for public and private have been closed except in Kosrae and Yap outer islands. Physical distancing is encouraged throughout FSM. This includes cultural events such as shortening of funerals and avoiding traditional ceremonies and church activities. Priority has been given to the crisis as a medical emergency, but economic and livelihood impact are being discussed by the established National and State COVID-19 Task Forces.

Across FSM, health services are limited due to lack of human resources, inadequate supplies and equipment. No Intensive Care Unit rooms meet international standards and isolation rooms are very few. Testing is done in Guam or Hawaii, although testing facilities will be set up in all 4 States as long as GeneXpert cartridges become available in coming weeks. FSM does not currently have PCR testing capacity. Existing pre-conditions such as diabetes, cancer, and hypertension are common, and NCD services and other primary care are being decentralized from central hospital to dispensaries and community health centers. Challenges also include a lack of water and sanitation facilities and poor hygiene routines, which makes many Micronesians vulnerable to COVID-19.

The National and State Governments finalized the COVID-19 Contingency Response Plan to solicit internal and external support. The President recently announced a \$15 million economic stimulus package that the President, Cabinet, Congress and development partners will work to fund, because many Micronesians have been laid off and businesses are affected.

Fiji

Fiji now has a total of 18 confirmed cases of COVID-19 as of 7 May 2020. Of the two main origins who travelled from abroad bringing in the virus, the first led to 160 people being brought in for isolation through contact tracing while the second resulted in 838 people. As a result, Lautoka was forced to a 14 day lockdown.

Suva was later locked down together with a 10pm-5am curfew after the second confirmed point of origin was found to be travelling extensively around Suva before arriving at his final destination in Labasa. The continuing hike in breaches of quarantine rules resulted in the curfew being further tightened to 8pm-5am daily. The Public Health Regulation states that any breach of the self-quarantine regulation faces up to \$5,000 fine or 5 years imprisonment or both. The Suva lockdown has now been lifted after extensive screening in Suva.

In terms of logistics, the last supplementary passenger flights by Fiji Airways took place on 4, 5 and 7 April respectively. Following that, all flights are now restricted to cargo only. The same applies for international and local shipping where movements are only limited to cargo.

The Fijian economy is projected to contract by 4.3%. It is projected that tourism arrival from its main markets to decline by 75%. This accounts for a third of the economy. Exports and imports are also

expected to decline by 3.4% and 9.3% respectively (Supplementary Budget, March 2020). Owing to the crisis, employment has also been affected, initially with the tourism industry and now with other sectors.

Kiribati

As of 7 May 2020, Kiribati does not have any confirmed cases of COVID-19. A national state of Public Health emergency has been announced since 26 March 2020. The lockdown of the country has started earlier from the time Fiji Airways stop flying to and from Kiribati around 19 March 2020. The lockdown has prompted early school holidays and preparation for the country elections on April 15 2020. There is no restriction so far on people gathering, some churches still run their usual masses. The country's economy, which depends largely on fishing licensing revenues, is projected to be affected by the pandemic. Kiribati's Government, through Ministry of Finance & Economic Development (MFED), estimates the cost of prevention and mitigation for COVID-19 at AUD20-25 million.

So far, Kiribati has not faced immediate shortages of food and other basic goods, though many have tried to stock up food for their family member in case the full lockdown is implemented. The government has clarified and assured that supply of food will still be coming to Kiribati. Quarantine protocols are applied also to all container ships calling on Kiribati port, 14 days will be adhered accordingly.

The Ministry of Health working closely with the WHO and UNICEF, has prepared a ward isolation in OTINTAI Hotel, in case of suspected case/ findings person under investigation (PUI). The country still does not have kits to test the blood sample, however the first Embraer, Air Kiribati has flown the sample of PUI to Brisbane, Australia on Monday 6 April 2020 and upon return brought medical supplies for local hospitals (there are two currently operating in Tarawa, one in Christmas Island and one in Tabiteuea Island). The Government of Kiribati has been one of the very strict countries on preventing COVID-19. This is made possible by following WHO guidelines on implementing travel ban from countries with COVID-19 case since early February and 14 days quarantine rule in either Fiji or Solomon Islands before travel to Kiribati. This is further made possible by the Local Government or Island Councils who have worked tirelessly to mitigate the risks to their people –by raising awareness; ensuring good hygiene within local communities; maintaining key services including waste collections, establishing taskforces and holding emergency planning meetings on preventing COVID-19 reaching their shores. The COVID-19 crisis underlines the critical role of local governments in ensuring inclusive, safe, resilient and sustainable places for people to live and work (SDG 11).

Marshall Islands

As of 7th of May 2020, the Republic of the Marshall Islands (RMI) does not have any confirmed cases of COVID-19. A proclamation declaring a State Health Emergency has been in place since 7 February 2020. Human-to-human contact is strictly prohibited. Schools have been closed for one week but are scheduled to resume as normal shortly.

The National Disaster Committee (NDC) has been coordinating efforts in RMI to plan for national preparedness. The RMI has introduced a number of COVID-19 travel advisories and restrictions. A total suspension of international travelers coming into the RMI via air travel is in effect until May 5, 2020. There is a suspension of all domestic passenger air travel between Kwajalein and Majuro on international airlines, while air travel between Kwajalein and Majuro on Air Marshalls is still permitted. Cruise ships, yachts and fishing vessels that transited through or departed from COVID-19 infected countries are at this time suspended from visiting the RMI. Exempted fishing vessels, container vessels and fuel tankers are required to spend 14 days at sea prior to entry to continue to allow food and supplies to enter the country.

The restrictions are however impacting food security and vital medicines and health supplies, including Personal Protective Equipment (PPE).

Further complicating RMI's current situation, is that RMI has been under a State of Health Emergency since August 2019 because of a severe outbreak of Dengue 3 which continues to be a major health issue that has devastated both the human and the financial resources of RMI. The COVID-19 crisis is expected to have additional large-scale economic and social impacts. Health services in RMI are limited, in particular intensive care capacity and national laboratory systems. Many people in RMI have underlying medical conditions that put them in greater risk should the virus spread. Another challenge is Risk Communication and Community Engagement, particularly reaching the most vulnerable with necessary information in order ensure appropriate preparedness for all groups.

Nauru

As of 7 May 2020, there is yet to be any confirmed case of the virus. The Minister for Health and Home Affairs, Isabella Dageago is leading the COVID-19 response on behalf of the Government of Nauru. The current priority is health and well-being of the Nauruan people through a '*Contain and Capture*' policy by the Government of Nauru to minimize the infiltration of COVID-19 into communities. Nauru is now under lockdown with no in-coming and out-going passenger flights except for cargo. The same applies for shipping.

Of particular concern is the wellbeing of those with pre-existing health conditions. Public awareness is being conducted through various platforms: schools, community visits, text blasts, radio awareness etc. The establishment of systems and mechanisms (mainly testing) is to be carried out in Nauru following the donation from Taiwan. The Planning Department is currently compiling funding gaps in response to COVID-19 to seek further funding support from donors.

Niue

As of 7 May 2020, Niue does not have any confirmed cases of COVID-19. The Government has focused on implementing strict point of entry arrangements and enhanced surveillance across the country. Health care capacity in Niue is severely limited, with no intensive care capabilities.

Since the WHO declared COVID-19 a pandemic, Niue has continued the weekly Air New Zealand flights Auckland/Niue/Auckland however limiting Auckland/Niue incoming passengers to every fortnight with a limit of only 26 passengers. All incoming passengers are required to go into mandatory quarantine for 14 days at a designated quarantine location on Niue.

Niue has an Emergency Response Plan to Coronavirus Disease 2020 (COVID-19) which was approved by Cabinet on 19 March 2020. Public awareness campaigns were undertaken by the Niue Public Health Team for all 14 villages. This entailed educating and creating an awareness of COVID-19 in the community on hygiene practices and social distancing. It also enabled the community to be able to detect and identify symptoms of COVID-19 and prepare in the event that there is a confirmed case in Niue.

Niue is wholly dependent on tourism and maintaining a regular connection to the outside world, making it especially vulnerable to the health and global economic shocks of COVID-19. The Government of Niue has prepared a document '*Niue Covid-19 Financial Response Package*' which sets out in detail the potentially catastrophic economic and societal adversity created by COVID-19.

Palau

As of 7 May 2020, Palau does not have any confirmed cases of COVID-19. Nevertheless, a Certification of an Unavoidable Public Health Emergency for COVID-19 was issued on 13 February 2020, allowing it to access resources from a Hospital Trust Fund and expedite procurement processes while also restricting flights to and from the country, closing schools and limiting public gatherings. While no cases have been confirmed in Palau, the rising number of cases that have been recently confirmed in Guam, the country's most frequent air link, causes concern. Global travel restrictions and other isolation measures are resulting in substantial disruption to the global economy. Heavily dependent on tourism, Palau attracted 90,000 foreign visitors in FY2019, as the sector contributed 20 percent to gross domestic product. 20 percent of all workers are employed in tourism-related activities. While Palau has been spared any confirmed cases of COVID-19, the economic consequences of this pandemic are already substantial.¹

Though a middle-income country, Palau's health services are relatively limited, in particular its intensive care capacity. Furthermore, a large proportion of the country's health professionals belong to high risk groups in relation to COVID-19, due to underlying medical conditions or age. The strict travel restrictions also hamper the resupply of vital medicines and health supplies, including PPE.

The Government of Palau has focused on preventing an outbreak, implementing strict point of entry arrangements since the start of the global outbreak. Additionally, the Government of Palau, through its Ministry of Health and the National Emergency Committee, are utilizing to the fullest resources of the government to respond to COVID-19 and developed the Ministry of Health Pandemic Coronavirus (COVID-19) Response Plan, 25 March 2020. This plan also aligns with requests made for international support to enhance preparedness, by improving its testing capabilities, enhancing critical care capacity with alternate care sites, securing protective equipment for use by health providers, readying isolation facilities for suspected COVID-19 cases, and accelerating community outreach on infection prevention and control. Without the urgent development of testing capabilities to confirm cases and medical supplies needed to treat potential cases, Palau is vulnerable to locking down indefinitely. Further exacerbating the public health crisis, as of April 13 2020, Palau is implementing nation-wide water rationing due to the current drought conditions and expected extended dry season this year.

While Palau is urgently working to bolster its healthcare system to respond to the COVID-19 crisis, there is critical need to develop complementary strategies to improve food security, support learning continuity for children, and, alternative livelihoods for people hit hardest by the economic downturn, particularly low-wage earners and migrant workers in the service industry (unable to repatriate and ineligible for donor funded relief programs).

Samoa

As of 7 May 2020, Samoa does not have any confirmed cases of COVID-19. A national state of emergency has nevertheless been in place since 20 March, restricting flights to and from the country, closing schools and limiting gatherings to five people. The country's economy, which depends heavily on international tourism, is projected to be severely affected by the crisis even if a COVID-19 outbreak does not materialize. Already, there has been major job losses in the hospitality and retail sectors. In the absence of a social safety net, many Samoan families are facing immediate shortages of food and other basic goods. Restrictions on movements and closure of public facilities also exacerbate protection concerns, including rising rates of domestic violence against women and children.

¹ EconMAP Technical Note, March 31, 2020: "Assessing the Impact of COVID-19 on Palauan Economy"

Though a middle-income country, Samoa's health services are relatively limited, its intensive care capacity. Furthermore, a large proportion of the country's health professionals belong to high risk groups in relation to COVID-19, due to underlying medical conditions or age. The strict travel restrictions also hamper the resupply of vital medicines and health supplies, including PPE.

The Government of Samoa has focused on preventing an outbreak, implementing strict point of entry arrangements since the start of the global outbreak. A national '*COVID-19 Preparedness and Response Plan*' is in place, guiding the health sector's work. This is complemented by a multi-sector response, coordinated through the National Disaster Advisory Council. This response aims to secure livelihoods and agricultural production during the national state of emergency, strengthen communication and community engagement on health, hygiene and protection issues, minimize the impact of school closures on education outcomes, and ensure alignment of all public sectors with the health sector's efforts to prevent or contain a possible COVID-19 outbreak in Samoa.

To achieve these objectives, the Government of Samoa has requested international support to enhance preparedness, by improving its testing capabilities, securing protective equipment for use by health providers, readying isolation facilities for suspected COVID-19 cases, and accelerating community outreach on infection prevention and control. There is also a need for immediate investments in alternative livelihoods for people hit hardest by the economic downturn.

Solomon Islands

As of 7 May 2020, Solomon Islands does not have any confirmed cases of COVID-19. The COVID-19 risk assessment in Solomon Islands shows high risk of importation with potential for high impact consisting of likely large outbreaks in Honiara and smaller outbreaks in other provinces.

Suspected cases are currently sent to Australia for testing. The Solomon Islands Government (SIG) is committed to keeping the urban and rural communities protected against potential threats, and in response, has pledged to provide financial support to ensure a minimum level of preparedness actions are in place and ready for implementation when the need arises.

The declaration of COVID-19 as a pandemic, prompted the Solomon Islands to consider not only the impact on the health sector but broader socioeconomic sector whereby a multi- sectoral whole- of- government approach is needed. A multi-government agency Oversight Committee was established chaired by the Secretary to Cabinet. The Ministry of Health and Medical Services is the lead agency for ensuring that health measures are in place and for coordinating the Health Sector Committee response as well as providing necessary guidance to support the broader sector preparedness and response efforts.

The whole- of-government sector preparedness and response to social and economic of COVID-19 impacts is coordinated through the National Disaster Operations Committee (N-DOC) and under auspices of the National Disaster Management Plan 2018. This forms the basis of submission of this consolidated COVID-19 N-DOC Preparedness and Response Plan.

The goal of the N-DOC COVID-19-PRP (Preparedness and Response Plan) is to contribute to the health, social and economic security of people of Solomon Islands by; minimizing the risk of importation of COVID-19 in Solomon Islands; minimizing the spread, reducing morbidity and mortality; and minimizing societal disruption, and psycho-social and economic impact of COVID-19. The COVID- 19 PRP covers three phases of disaster management. These phases integrated into range of outputs and activities of the six N-DOC Sector Committees including Coordination and Safety and Security.

Tropical Cyclone Harold has recently had significant impacts on the Solomon Islands Agriculture and resulted in a number of deaths, with flow on impacts on Food Security.

Tokelau

As of 7 May 2020, Tokelau does not have any confirmed cases of COVID-19. The Government has focused on implementing strict point of entry arrangements, including screening of ferry passengers arriving from Samoa, and enhanced surveillance across the country. Health care capacity in Tokelau is severely limited, with no intensive care capabilities. The main objective of the Ongoing Government of Tokelau (GOT) is to enhance the system for preparedness and response to COVID-19. An immediate priority is the refurbishment of infrastructure to meet quarantine and isolation needs in case of a potential outbreak, on each of the country's three atolls. The UN SG's MPTF has agreed to consider a proposal for \$300,000 for supporting COVID-19 preparedness in Tokelau, which will focus on upgrading the above-mentioned infrastructure, and to conduct a study of the socio-economic impact of COVID-19 on the country.

Tonga

As of 7 May 2020, Tonga is still one of the countries that is free of COVID-19. The Government of Tonga declared National Health Emergency on 12 March 2020 and formed a National Task Force for COVID-19 Response to be led by Ministry of Health (MoH). The National Emergency Management Committee and National Task Force for COVID-19 Response jointly met to recommend to the Cabinet of Tonga on required policy decisions and on operational plan and implementation of the Emergency Response Plan. The Government of Tonga (GoT) declared a National State of Emergency on 20 March 2020 to mobilize a whole of nation effort in dealing with the COVID-19 Global pandemic and potential national crises. Following the declaration of National State of Emergency, a COVID-19 Technical Working Group which comprised of the Ministry of Meteorology, Energy, Information, Disaster Management, Environment, Climate Change and Communications, MoH, Cluster representatives and first responders was formed to work on National Action Plan for COVID-19 Response. The GoT released a travel advisory in 24 March 2020 restricting all in-coming flights to Tonga except when those approved by the Ministry of Health. On 26 March, the Cabinet approved a national lockdown to begin at 1:00 am, Sunday 29 March 2020. These proactive actions of the Government protected Tonga from COVID-19.

Currently Tongans stranded overseas have started lobbying the government to open the borders which may increase the risk of an imported case to enter the country. The Government of Tonga has focused on preventing an outbreak, implementing strict point of entry arrangements since the start of the global outbreak. There have been requests for international support to enhance preparedness, by improving its testing capabilities, securing protective equipment for use by health providers, readying isolation facilities for suspected COVID-19 cases, and accelerating community outreach on infection prevention and control. Improved access to water and sanitation at the community level would complement these efforts. There is a shortage of PPE. When basic PPE is available at the pharmacies it is often unaffordable. Immediate investments in alternative livelihoods for people hit hardest by the economic downturn, is another priority.

To date, there have been no major job losses in Tonga though restrictions on international movements are still hitting hospitality and retail sectors severely. The national lockdown contributes in several ways to the severity of the COVID-19 impacts. In the presence of such restrictions many families are starting to face immediate shortages of food and other basic needs. Tonga's pattern of consumption relies heavily on imported goods, therefore the government still allows cargo ships through Nuku'alofa. To combat this reliance on food imports the public have been encouraged to shift consumption towards local produce.

Tuvalu

As of 7 May 2020, Tuvalu still does not have any case of confirmed COVID-19 in-country. The country announced a State of Public Emergency for the whole of Tuvalu on 20 March 2020 for the management and minimization of the impact of Coronavirus (COVID-19). COVID-19 specific subsidiary legislation in the form of a Regulation and Orders (under the Emergencies and Threatened Emergencies Act) have also been published and applied.

The last flight to enter Tuvalu was on Saturday 21 March 2020 from Suva, Fiji, and all of those 56 passengers were quarantined for 14 days before being released to return to their homes. During that time, a ban on public gatherings was enforced, schools were closed, and many people voluntarily relocated to their home islands (Tuvalu is made up of 9 atolls/islands, and the capital Funafuti is currently considered the most at risk of effects from COVID-19). As of 21 April 2020, schools continue to be closed and the mission to voluntarily relocate Tuvaluan citizens to their home islands is ongoing but will be finished soon. Currently, no flights are being allowed into the country and only some cargo or fuel vessels are permitted in, but extreme health and border-security precautions are being taken to secure and contain cargo and fuel operations. Caution is also being exercised regarding transshipment and other vessel operations taking place in Tuvalu's Exclusive Economic Zone. The Government of Tuvalu in cooperation with Tuvalu's National Taskforce on COVID-19 has also developed contingency plans for governance, health, food security, fuel, education, and repatriation in the event that borders are closed long term or COVID-19 makes its way into Tuvalu.

In terms of health preparedness and response, the country is aware of its limited capacity; hence, a risk assessment was requested by the Ministry of Health from the WHO, which was completed between 7 and 11 March. That assessment is now the basis for Tuvalu's health preparedness and response efforts. Tuvalu is also working with the WHO and the SPC to participate in weekly PICT-wide virtual webinar education sessions for health professionals on COVID-19. Tuvalu's health infrastructure is not equipped to properly triage, isolate, and treat persons suspected of having COVID-19. The Government has secured 32 houses (in three blocks) as a dedicated quarantine station on Funafuti, but this is adjacent to a high-density residential area and the quarantine facilities are sub-standard in terms of utilities like plumbing and water security (Tuvalu depends on rain water catchment into water tanks and as it enters the dry season, water shortages are anticipated). The critical shortage of nurses is also a key issue in country. The Government is currently renovating hospital clinics as triage, isolation, and critical care units for COVID-19 patients, and is renovating a medical laboratory to facilitate a COVID-19 testing unit. The Government is also importing a range of medical supplies (including PPEs) as rapidly as possible while also training volunteers to provide assistant nursing and ancillary services. Normal health services are being diverted to 2 peripheral health clinics on the capital, and the Tuvalu Family Health Association has offered their premises and staff to assist in the delivery of all family and child health services. For importing medical supplies, the Government will face difficulty and require assistance with transporting the large consignment of biomedical equipment and supplies that have already been ordered. From a clinical perspective, limited medical air and oxygen supplies and a very limited cohort of medical specialists and registered nurses (15 registered nurses in Funafuti, including 3 midwives at the Tuvalu Family Health Association) are major issues. Because of relocation operations, additional nursing staff might be required for the outer islands of Tuvalu, but relocating nurses to outer islands will put further pressure on day to day nursing services in Princess Margaret Hospital and at two peripheral clinics and at the COVID-19 specific clinics if Tuvalu has a suspected and/or confirmed case of COVID-19. While nurses are attending a range of virtual and short-term COVID-19 specific training courses about oxygenation, ventilation, and emergency and intensive care nursing (organized by WHO and SPC), Tuvalu has no post graduate certified intensive care trained nurses, so in the event that patients have to be mechanically

ventilated, putting unqualified staff in this position (whilst wearing PPEs) adds another level of risk for both staff and patients.

Vanuatu

As of 7 May 2020, Vanuatu does not have any confirmed cases of COVID-19. On 26 March 2020, the President of Vanuatu signed a declaration for a State of Emergency over the whole of Vanuatu for a 2-week period, for the purpose of strengthening COVID-19 prevention and containment measures. This declaration allows special powers of the Government as set out in the Disaster Risk Management Act No. 23 of 2019 in relation to the COVID-19 global pandemic. Situation reports from the Government of Vanuatu on COVID-19 are issued regularly through the Ministry of Health. Recently the leadership for the coordination of COVID-19 preparedness and response moved from the National Disaster Management Office (NDMO) to the newly appointed head of the National Disaster Committee (NDC). The Vanuatu Emergency Cluster System has been activated and COVID-19 surveillance and community awareness activities have been significantly ramped up. There is still limited ability to test cases with tests being sent to Noumea. There had been 62 people in quarantine who were released recently. There will be heavy economic impacts of Vanuatu's point of entry restrictions as the country is heavily dependent on tourism.

Tropical Cyclone Harold made landfall as a Category 5 cyclone in Vanuatu on 6 April 2020 with sustained winds of more than 200 km/h. The northern provinces of Sanma, Malampa and Penama are most affected. Due to its path across the centre of Vanuatu, TC Harold has directly impacted a large number of populated islands, including Ambrym, Ambae, Pentecost, Malampa, Maewo, Malo, Paama and the large island of Santo with the country's second largest city Luganville. Preliminary information indicates that there is substantial damage to houses and other structures, including the municipal building has been demolished, and low-lying areas have been inundated. Based on first aerial surveillance assessments carried out by Vanuatu's National Disaster Management Office (NDMO), the total number of affected people is 159,474. Rapid needs assessments conducted in the three main affected areas are currently being finalized by the NDMO.

The overall coordination of the TC Harold response lies also with the NDC under the leadership of the Director General of the Ministry responsible for Meteorology, Geological Hazards and Climate change. The Vanuatu NDMO is implementing the response at the national level with the clusters already activated for the COVID-19 response. Social distancing measures have been relaxed and Direction 39 from the NDMO has lifted all restrictions on internal travel and allowing Air Vanuatu and air taxi companies to re-start operations. Vanuatu recently had an election, and the new Government has now formally been appointed.

Goal of the Pacific Humanitarian Team COVID-19 Humanitarian Response Plan

The goal of the Pacific Humanitarian Team COVID-19 Humanitarian Response Plan is:

Containment of the outbreak through the slowing and stopping of COVID-19 transmission, prevent outbreaks and spread. Mitigation of the effects of an outbreak through reducing preventable morbidity and mortality, minimizing negative health, social and economic impacts and facilitating early recovery.

COVID-19 – Bridging the Humanitarian/Development Nexus

The current context in the Pacific region and response to COVID-19 is opportunity to have humanitarian assistance and development aid work together to mitigate the impact of emergencies. Through the efforts of national and local actors working coherently to address fragility by reducing underlying risks and vulnerability, progress can continue to be made to achieving the SDGs by working across programs and emergency responses systemically.

The principles of the Nexus are embedded in global COVID-19 strategies such as the Global Humanitarian Response Plan for COVID-19, the IASC System-Wide Scale-Up Protocols Adapted to the Global COVID-19 Pandemic as well as the UN Framework for the Immediate Socio-Economic Response to COVID-19 “Shared responsibility, global solidarity and urgent action for people in need”. They are similarly reflected in the strategies put in place for the Pacific, including this humanitarian response plan, the United Nations Pacific Strategy (UNPS); and by undertaking an adjustment of the subsequent Joint Country Action Plans (JCAPs). They will also be reflected in future Common Country Analyses (CCAs). These plans are collectively a complementary approach to both supporting attainment of the Sustainable Development Goals, reducing the economic losses of PICTs due to COVID 19 and assisting prevention and recovery from the impact of COVID-19.

Supporting the Nexus in the Pacific Region

To date, COVID-19 has not caused a major increase in immediate and life-threatening humanitarian needs in the Pacific region. Countries’ efforts to respond to immediate health needs are predominantly in the containment and mitigation space. However, the socio-economic impacts of the COVID-19 crisis for the Pacific will be profound in the medium to long-term, with real risks that the development gains attained over years of engagement might be negated. In practice, this means that PICTs are highly vulnerable to the direct consequences of the pandemic, i.e. a full-scale outbreak in the region, and to the indirect impacts, including extended isolation taking a heavy socio-economic toll. These impacts of COVID-19 can disproportionately affect the most vulnerable communities. In addition, the ability of countries to respond to arising humanitarian crises is adversely impacted due to restrictions arising from the pandemic as was seen in the aftermath of Tropical Cyclone Harold which heavily affected Fiji, Vanuatu, Solomon Islands and Tonga. These changes in the operating context provide an opportunity to address key risks and vulnerabilities across the humanitarian-development spectrum and address gaps through a joined-up nexus approach.

UN agencies, in discussion with the various PICTs, have started this work by adapting their strategic frameworks and plans (HRP, JCAPs, etc) to respond to the immediate needs created by COVID-19, while paying attention to the longer-term risks and vulnerabilities which drive fragility, including climate change, poverty and governance issues. The aim is for this exercise to allow Governments in the region, with UN support, to agree on priority development investments needed to enable them to better absorb the direct and indirect consequences of the COVID-19 pandemic over the medium and long term. The UN has launched a Socio-Economic Impact Analysis for the countries of the Pacific, which will feed important data into this process and which will be complemented through additional data to cover sectors outside of its purview. The Post Disaster Needs Assessments (PDNAs) envisaged for Vanuatu and Fiji will also generate further data for consideration. The conclusion and recommendations coming from these assessments will support the Governments and regional intergovernmental platforms to contextualise their response and identify and develop relevant development programming to address priority risks and vulnerabilities.

For the UN system, these assessments will inform the further re-programming of funds from existing programmes wherever possible, and gaps will be addressed through joint resource mobilisation.

The below outlines some initial recommendations for focus areas applicable across the Pacific, in which engagement could prevent further need for a humanitarian response. These are in line with the pillars of support of the UN Framework for the Immediate Socio-Economic Response to COVID-19 “Shared responsibility, global solidarity and urgent action for people in need”. Implementing such activities by agencies at the country level requires alignment with national priorities and plans, and careful consideration of country-specific circumstances.

1. Social Protection and Basic Services

A number of countries have already initiated a range of social protection arrangements, triggered by predicted contractions of their economies. However, market uncertainties still drive a worrying downward trend in economic activity. Some countries have provided initial cash support through various national funds, including allowing people to access their superannuation in advance. While these cash injections may help stimulate the economy and provide relief from immediate hardship in the short-term, they can also erode longer term security and safety. Evaluating these programmes and linking them to longer term safety nets is therefore essential.

Depending on the country, COVID-19 response measures could affect future access to social protection and basic services in the following ways:

- Disruption of markets impacts on the quality of diets and nutrition practices, which translate into an increase of mortality, morbidity and malnutrition among the population groups with the highest nutrition needs.
- Women-headed households are more likely to have inadequate housing, including poor access to water and sanitation, which can increase health risks, especially in cases of overcrowding of shelters. Quarantine and isolation policies, coupled with financial stress on families, individuals and communities, will exacerbate the conditions for women already vulnerable to domestic violence, estimated to be at least one third of all women in the Pacific.
- School children are directly affected by school closures, with the most vulnerable missing out on school meals.
- WASH services can be affected with public utilities potentially facing less than optimal staffing and available workforce, disrupted supply chains, and challenges in payments to support functionality putting these services at grave risk of collapsing.
- Inhabitants living in informal settlements (with inadequate housing and difficulties for accessing to basic services) face problems for following social distancing and curfew restrictions, increasing their vulnerability to get infected by COVID-19 but also to other type of diseases; e.g. leptospirosis, diarrhea, and dengue.
- The potential reduction in remittances coming from co-nationals living in Australia, New Zealand or USA, have a significant impact on some Pacific countries.

2. Protecting Jobs and Promoting Decent Work

COVID-19 presents opportunities to build capacity, in particular within specific workforces. This could entail developing the skills and experiences of existing health personnel in responding to outbreaks, or re-skilling workforces that become unemployed as a result of the pandemic, e.g. in the tourism industry. There are also opportunities to re-skill workers depending on national priorities and deployed to alternative sectors that require support e.g. WASH, forestry, and education.

COVID-19 is having varied impacts on the livelihoods of communities across the Pacific. Social distancing measures, curfews and points of entry restrictions continue to hamper the ability of local communities to generate incomes. Many of the economies around the Pacific rely heavily on tourism for foreign exchange earnings and the tourism industry employs a sizable chunk of the working population both directly and through indirect support services. The impact of COVID-19 means job losses, hotel shutdowns, grounding of airlines and low foreign exchange earnings to fund essential government services.

Most vulnerable workers are in the informal economy, with no or limited access to social protection, nor do they have the economic security to take sick leave, get treated if required, or cope with lockdown. Women are also overrepresented in some of the services sectors most impacted by the crisis, often lacking social protection, and will also bear a disproportionate burden in the care economy. Linking the shocks related to COVID-19 to existing livelihoods programmes is essential to meet the needs of the most vulnerable. These programmes include initiatives such as 'markets for change' and agriculture and farming development projects.

3. Protecting SMEs and the Most Vulnerable Productive Actors

Ensuring the continued or improved functioning of small and medium enterprises (SMEs) across sectors, including food and other essential goods and services supply chains, is particularly urgent. Unlike other types of economic and financial crises, disruptions in massive employment sectors present immediate threats that can result in riots, violence and erosion of trust in institutions and governments.

Interventions in this area could include improving productivity and working conditions in small firms procurement and digital payments and support to women micro and small entrepreneurs. As a response to the global travel and logistics restrictions, Governments are also interested in improving their local production of basic goods and services and to reduce their dependency from abroad. This can be an opportunity to enhance capacities of local producers, strengthen linkages within each country, but also to encourage relations between small and medium enterprises at the Pacific region level.

4. Social Dialogue and Political Engagement

As mentioned above, the COVID-19 crisis also threatens social cohesion as the crisis can erode trust within society and between people and their leaders. Whole-of-society approaches are essential to confront the socio-economic impacts of the crisis. Social cohesion, embedded in actors, communities and institutions, is critical to hold societies together as well as to achieve longer-term goals, such as the SDGs, and to advance values, norms and fundamental human rights.

The urgency of responses to the pandemic may risk setting aside existing processes of social dialogue and democratic engagement. Not only could this reverse gains made over past decades – such as in women's leadership, economic empowerment and respect for human rights -- but it would undermine an

effective socio-economic response and exacerbate inequalities. Hence, it is important to foster social dialogue around the socio-economic responses to COVID-19, premised on fundamental human rights such as freedom of peaceful assembly and association, freedom of expression and the right to collective bargaining, together with civic and political dialogue, which contributes to social inclusion, cohesion, protection, and upward mobility.

5. Inequality and Human Rights and Governance Programming

The COVID-19 pandemic impacts people and communities differently. Underlying vulnerabilities among women, children, people with disabilities and the elderly exacerbate the harm caused by this crisis. Ensuring access to essential services for these is a priority. In addition, COVID-19 has seen the restrictions of movement through curfews, lockdowns, and other means, that have impacted on people inequitably.

Human rights are key in shaping the pandemic response, both for the public health emergency and the broader impact on people's lives and livelihoods. Responses that are shaped by and respect human rights result in better outcomes in beating the pandemic, ensuring healthcare for everyone and preserving human dignity. But they also focus our attention on who is suffering most, why, and what can be done about it. They prepare the ground for emerging from this crisis with more equitable and sustainable societies, development and peace. It is important to underline that human rights are obligations which States must abide by at all times.

In view of the exceptional situation and to preserve life, countries may have no choice but to adopt extraordinary measures. Extensive lockdowns, adopted to slow transmission of the virus, restrict by necessity freedom of movement and, in the process, freedom to enjoy many other human rights. Such measures can inadvertently affect people's livelihoods and security, their access to health care (not only for COVID-19), to food, water and sanitation, work, and education. Measures need to be taken by States concerned to mitigate any such unintended consequences. Whilst restrictions of human rights may be required to prevent the spread of the disease, it is important that these restrictions are carried out in accordance with relevant human rights norms and standards, including proportionality, legitimacy and necessity.

The COVID-19 crisis has exacerbated the vulnerability of the least protected in society. The impact of the COVID-19 crisis falls disproportionately on some people, often those least able to protect themselves. Women and men, children, youth and older persons, refugees and migrants, the poor, people with disabilities, persons in detention, minorities, LGBTI people, among others, are all being affected differently. The crisis places a spotlight on the crucial role that protecting and promoting economic and social rights has as part of the urgent crisis response. The role and responsibility of governments to protect people, by guaranteeing their economic and social rights, has never been so clearly demonstrated.

The instability and fear that the pandemic engenders may also exacerbate existing human rights concerns, such as discrimination against certain groups, hate speech, xenophobia, and sexual and gender-based violence, as well as limited access to sexual and reproductive health and rights. Fairness, justice and respect for the rule of law are needed to strengthen and support the national effort on the public health front. Courts and the administration of justice must continue to function despite the constraints imposed by the crisis. States must continue to ensure that law enforcement is maintained.

COVID-19 places an emphasis on modernising information and communication technologies. To effectively combat the pandemic, people need to be part of the response. Such effective participation in the response requires people to be informed, involved in decisions that affect them and to see that any

measures taken are necessary, reasonable and proportionate to combat the virus and save lives. This is a time when, more than ever, governments need to be open and transparent, responsive and accountable to the people they are seeking to protect. A particular area that requires increased emphasis and support, including longer-term capacity-building, is to respond to all forms of increased violence against women in this context.

6. Need for HDN Analysis to identify vulnerabilities and gaps

From a preparedness and risk reduction point of view, the current crisis provides an opportunity to strengthen vulnerability analysis and good practices in ensuring that contingency plans are appropriate for known risks, such as seasonal droughts and cyclones, in addition to the impact of COVID-19 and potential future outbreaks. The challenges that have resulted from COVID-19, e.g. points of entry restrictions diminishing the ability to mobilize humanitarian supplies and experts, challenges of social distancing in evacuation centres, the increased vulnerabilities of informal settlements in spreading COVID-19 or subsequent outbreaks, will be analysed and used to inform future disaster risk reduction and risk analysis work, particularly in relation to compound emergencies.

Proposed response by sector

Education

Situation Analysis

Effects on Education, Learning and Well-Being

Current COVID-19 disruptions to Pacific society have had a heavy impact on children: on their safety, their learning and development, their well-being, and their future. Education is key to all these.

The 14 countries in the Pacific region covered by the PHT have approximately 800,000² children enrolled in schools and early childhood education centres. As part of the preparedness and response for COVID-19, most PICTs have announced school closures, some with shifted term breaks and others extended or indefinite breaks. In the absence of well-coordinated, evidence-based plans to ensure continuity of learning for students as well as a safe return to schools able to ensure safety, hygiene and protection, there is a high risk of adverse impact on children's learning and well-being, as well as long-term educational outcomes, particularly for the most disadvantaged. Children and families rely on schools for educational and developmental needs from early childhood through post-secondary education, ensuring they build the key learning foundations and milestones in the current academic year, as needed to enable them to effectively continue their learning in the next stages.

Schools also provide an important social and protective environment, including essential services like health and hygiene education, school feeding, and water and sanitation, as well as special supports for more vulnerable learners, such as counsellors and trained inclusive education teachers. For children around the Pacific region, schooling has greater significance beyond learning as it protects children from potential dangers such as violence, neglect, child labor, and child marriage. Schooling also enables parents to go to work, knowing their children are studying in safe and protective spaces. Having schooling in place aids early recovery, creates greater stability in communities, and nurtures hope for the future among children and their families. Education can mitigate the impact of the COVID-19 pandemic by building resilience among children, young people and their communities.

While schools have closed in virtually all PICTs, some countries face particular challenges in light of COVID-19. Fiji implemented school closures in relation to the COVID-19 outbreak, Guam and FSM, quickly closed schools in March, two months before the end of the current academic year. The expected duration of school closures elsewhere remains uncertain. In addition, COVID-19 is expected to have a greater impact on countries facing natural disasters, those isolated economies unable to get key supplies or support with borders closed, those with considerable populations in remote and outer islands, and those facing economic or political uncertainties. For example, Vanuatu has just experienced a category 5 Tropical Cyclone (Harold) that also reached Fiji and Solomon Islands; all may face challenges getting supplies and support with borders closed. School closure due to COVID-19 emergency might be prolonged in TC Harold affected areas, as several school facilities may have been damaged by the cyclone.

² SPC

Immediate Needs

The immediate need is to prevent spread and transmission of coronavirus among teachers, learners and school communities, while simultaneously mitigate and minimize the impact of the coronavirus emergency on learning of children and wellbeing of teachers, learners and school communities through key interventions across the following areas. The planning for immediate response and longer-term contingencies is critical to making this possible.

- **Contingency and response planning:** Contingency and response plans are critical to ensure coordinated and evidence-based solutions to immediate needs, as well as identification and preparation of longer-term contingencies, particularly as most Pacific countries do not have learning continuity strategies in place. Guidance, resources, and technical support are required at this stage. For countries considering reopening schools, this includes support to effectively prepare schools, teachers and families for school re-opening and their safe return to schools.
- **MHPSS and life-saving messages for children and their communities:** To address the challenges in information dissemination, including lack of reliable information and misinformation on coronavirus, and lessen the psychosocial stress, anxiety and stigma negatively affecting teachers and students, the Education Cluster will develop and disseminate context-relevant messaging to support health, safety and well-being. This will include COVID-19 prevention, mitigation and containment as relevant to education in schools and in homes; guidance for teachers and parents to support child well-being and learning; and Mental Health and Psychosocial Support (MHPSS) for children, parents and teachers.
- **Continuity of learning:** Pacific countries need context-relevant, feasible, age/level-appropriate solutions to ensure continued learning in case of school closures and interruptions, including for the most vulnerable. This may include development and adaptation of diverse modalities for education delivery (including educational TV and radio programmes; internet-based options; print-based learning materials; use of activity kits, etc.) with ongoing support and monitoring. A critical need is to define targeted approaches for more disadvantaged students, including students without internet, students with disabilities, those on remote islands and others that may not fully benefit from a standardized approach. The plan must consider support to teachers, education supervisors, parents and caregivers in their roles as key facilitators for student learning. The design and set-up of this system will need to be initiated as part of the planning process.
- **Safe school operations:** For schools that remain open or may reopen soon, schools need to be strengthened as safe, protective and quality learning spaces by adapting and operationalizing Guidance on Prevention and Control of COVID-19 in Schools, equipping schools with minimum hygiene packages, circulating life-saving information material on handwashing and recommended behaviors, sensitizing teachers and caregivers on effective communication and support to children; training teachers and caregivers in providing psychosocial and mental health support to students; and working with schools to prevent stigma and discrimination. These are immediate needs for countries planning imminent school reopening and will continue to be important moving forward in all countries.

Expected Scenarios and Evolving Needs

It can be expected that several Pacific countries, particularly those countries with closed borders and no COVID-19 cases, will reopen schools. This situation will be clarified in the days and weeks to come. These countries will have different needs than those countries with prolonged school closures, but all countries may benefit from support in the following over the longer-term:

- **Contingency and response planning, coordination & resilience building:** Technical and financial support will continue to be required for the detailed design, set-up, monitoring and ongoing

readjustment of elements within the plan and the overall response. Support to coordination within the sector, with partners, and with other sectors/clusters will be important, strengthening the government-led cluster system in the Pacific. Recognizing the vulnerabilities of education systems identified in the current crisis, the education cluster will also work to build toward more resilient education systems, civil society organisations, and school communities (which include parents, teachers and children).

- **Learning continuity:** To mitigate the education disruption and the risk of drop out for the most vulnerable children, the Education Cluster will assist Pacific Ministries of Education in ensuring learning continuity during the school closure, including the development and implementation of distance learning programs and platforms for all levels, including special provisions for the most vulnerable. This will include support to teachers, education supervisors, parents and caregivers in their roles as key facilitators for student learning, with psychosocial support, protection and life-saving messages embedded. Monitoring of student engagement and learning will form part of this system and will contribute evidence to inform improvements to the same, again with specific attention to the most vulnerable to ensure equity gaps are not augmented at this time. Learning continuity interventions will also include support to design strategies for and facilitate exams (if/when needed), and to the design and implementation of accelerated or catch-up learning support for students when they return to school.
- **Safe school operations:** While schools are closed, the Education Cluster will support cleaning and disinfection of schools, and rehabilitation of WASH infrastructure. This is expected to continue as schools reopen, with enhanced efforts to ensure all schools safe, protective and quality learning spaces. This includes new protocols for school management, health, hygiene and protection practices.

Ongoing Response

Education Cluster members have supported PICT Ministries of Education through provision and adaptation of the *Guidance on Prevention and Control of COVID-19 in Schools* as well as numerous other resources and guidance on learning continuity, safe school operations, and messages for school communities. Several organizations in the Education Cluster in the Pacific region are currently involved in supporting countries to develop contingency and response plans and operational mechanisms for implementation. The PHT Education Cluster is supporting contingency plans, mitigation measures, monitoring and information management on school closures and number of learners and teachers affected, monitoring implementation of continuity of education activities.

Education Cluster meetings have been held in some countries, and the Pacific Regional Education Cluster has started to organize regular meetings on COVID-19. The Cluster involves development and humanitarian partners, including regional education organizations, to improve coordination of education preparedness, response and development work in education in the Pacific.

As education is a key platform for many other humanitarian interventions including WASH, health and food, the Education cluster recognizes the need and benefits of closely collaborating with the Health Cluster, the (Child) Protection Cluster and the WASH Cluster to ensure the achievement of this response plan's objectives. In this way, schools can be supported as safe places for delivery of lifesaving interventions, such as food, water, sanitation and health services, and school staff can communicate key messages about safety, provide vital life skills and information about health and hygiene.

Current Response Gaps and Challenges

While some Ministries of Education have secured or identified some funding to cover immediate COVID-19 responses, most humanitarian education needs covered by the government plans in the Pacific region are currently underfunded.

Response Plan

Objective 1-Girls and boys affected by the COVID-19 emergency receive life-saving messages and Mental Health and Psychosocial Support (MHPSS).³

- Develop, contextualize, translate and disseminate life-saving health and MHPSS messages and communication materials to support parents, caregivers, and teachers to talk to their children about the pandemic and reduce children’s anxiety and stress. Sharing materials across countries will be facilitated for efficient use of resources and time.

Objective 2 – Ministries of Education ensure learning continuity for girls & boys affected by COVID-19.⁴

- Adaptation and implementation of guidance on the detailed design of modalities and systems with an emphasis on context-relevant design, ensuring equity-based and inclusive approaches (considering young children with disabilities, gender, vulnerable communities, remote islands, etc.). Relevant approaches for all levels (ECE to post-secondary) will be included.
- Development and implementation of guidance on the holistic support, engagement and empowerment of education personnel, caregivers/parents and children – such as psychosocial and wellbeing support, messages/information for caregiver/parents (e.g. guidance on home-based learning, responsive caregiving, etc.), guidance/training and active roles for teachers and other school officials in monitoring and supporting student engagement and learning across diverse modalities.
- Design, implementation and monitoring of home-based learning with special provisions for the most vulnerable. This includes content development as relevant for each level of education system as well as delivery through relevant modalities for each context, with clear systems and roles for ongoing teacher support to parents and students. This may include internet-based options, but acknowledging limited access to devices and reliable internet, this may also include:
 - Send-home materials (workbooks, activity guides and kits, etc.);
 - Interactive radio, Edutainment opportunities via Television;
 - mp3 instruction;
 - SMS-based alerts to support parents;
 - Where appropriate, particularly for secondary and post-secondary education, open-source e-learning software;
 - Facilitation of exams (if/when needed); and
 - Design and implementation of accelerated or catch-up learning support for students when they return to school.

³ Supports Strategic Objectives relating to Protection, Access to Services, Resilience, and Strategic Priority 2 of the Global HRP Covid-19(Decrease deterioration of human assets and rights, social cohesion, and livelihoods).

⁴ Supports Strategic Objectives relating to: Protection, Access to Services, Resilience and Strategic Priority 2 of the Global HRP Covid-19 (Decrease deterioration of human assets and rights, social cohesion, and livelihoods).

Objective 3 – Ministries of Education are able to promote safe school operations and reopening for teachers, learners and school communities.

- Rehabilitation and equipping of schools with WASH facilities and supplies suitable for the prevention of coronavirus transmission.
- Development and dissemination of gender-equitable and inclusive protocols to promote a physically safe learning environment in schools, including life-saving health and WASH guidance, and promote safe hygiene practices. These protocols will be implemented in schools currently open, and in preparation for safe school reopening in countries where education is disrupted.
- Development of a “Back to School” campaign multimedia pack to ensure all children, including the most marginalized and vulnerable, return to a physically and psychosocially protective learning environment. Ministries of Education and national education partners will be able to adapt and contextualize this multi-media pack to support effective and accurate information sharing with communities on coronavirus, mitigate possible fear and reluctance of returning to schools, and encourage timely enrolment during the school-reopening period.

Objective 4 - National coordination mechanisms, plans and the resilience of education systems, local actors and school communities are strengthened.⁵

- Support to Ministries of Education in their commitment and institutional capacity to lead clusters and other coordination mechanisms;
- Development and implementation of contingency and response plans;
- Preparation of Education Information Management Systems (EMIS) to measure the impact of COVID-19 on school enrolment, including by tracking the number of children returning to school post-COVID-19, and those at risk of dropping out permanently; and
- Support communities’ early recovery efforts and build capacity of school management committees on COVID-19 and safe schools as well as the need for school-level contingency planning.

Targeted Beneficiaries

Children whose education is disrupted due to COVID-19 school closure, as well as children enrolled in schools, are the primary target of the Education Cluster response plan. The Education Cluster will recognize the different needs of girls and boys, and the special needs of children with disabilities. As COVID-19 may disproportionately affect girls in some Pacific contexts, the Education Cluster will promote gender equality and provide tools and guidance to Ministries of Education to address gender discrimination in their respective contexts.

⁵ Supports Strategic Objectives relating to: **Access to Services, Resilience** and Strategic Priority 2 of Global HRP (Decrease deterioration of human assets and rights, social cohesion, and livelihoods).

The Education Cluster will work together to support Ministries of Education, lead and coordinate the response in their respective countries, targeting teachers, parents and the broader school community who play a critical role in supporting educational continuity and safe school operations throughout this pandemic. Ministries of Education will also benefit as well from interventions meant to strengthen education plans, coordination mechanism and systems. The Education Cluster will support Ministries of Education and partners to ensure accountability through consulting and actively involving school communities, parents, teachers and learners in all aspects of the COVID-19 response and activities.

Acknowledging that there are approximately 800,000 students from ECE to secondary school in the Pacific, the Education Cluster expects to provide support to all systems such that all students will benefit, but more intensive support per the above is expected to reach at least:

- 400,000 learners;
- 50,000 teachers; and
- 50,000 parents and community members.

Adapting to the New Operational Environment

The COVID-19 pandemic has radically changed the operational context in the Pacific region. Strict restrictions on the movement of people and goods requires cluster partners to reorganize their operations and find new ways to deliver assistance. For the Education cluster, this means prioritizing the needs of children to minimize the disruption to their education and other support during the period that schools are closed, and ensuring schools and school communities are ready to ensure student safety and security once classes resume. Under the circumstances, partners are prioritizing identification of relevant expertise and partnerships at national-levels, complemented by innovative approaches to remote provision of technical support from regional partners and experts, where relevant. In addition, given the unique nature of the COVID-19 pandemic with simultaneous impact on all countries of the Pacific, regional partnerships, such as those established under the CROP HRD Working Group and PacREF, are now further enhanced through the Pacific Education Cluster, with an aim to maximise efficiencies and complementarity of efforts across the region. Partners have also reoriented existing programmes and resources in line with shifting national priorities in the current context, such as:

- Revising education sector planning and emergency preparedness and response planning efforts to better address the COVID-19 context, and up-scaling **contingency and response planning** to ensure coordinated and evidence-based solutions to immediate needs, as well as identification and preparation of longer-term contingencies, particularly as most Pacific countries do not have learning continuity strategies in place;
- Integrating necessary elements for ensuring **learning continuity** within existing programming on curriculum development and delivery; teacher training, supervision and professional development; parent engagement in learning; and learning monitoring and assessment to mitigate the education disruption during the school closure and help build better-prepared systems for the future. This includes the development and implementation of distance learning programs and platforms for all levels, including special provisions for the most vulnerable. The development and adaptation of diverse modalities for education delivery (including educational TV and radio programmes; internet-based options; print-based learning materials; use of activity kits, etc.) with ongoing support and monitoring;
- Enhancing existing programming related to parenting, psychosocial support, child protection in schools, hygiene and WASH communication to include strengthened attention to **MHPSS and**

life-saving messages for children and their communities; including messaging on COVID-19 prevention, mitigation and containment as relevant to education in schools and in homes; guidance for teachers and parents to support child well-being and learning; and Mental Health and Psychosocial Support (MHPSS) for children, parents and teachers;

- Expanding and scaling up WASH, disaster risk reduction and protection in schools programming to include timely and relevant attention to COVID-19-related content for **safe school operations**. The Education Cluster will support cleaning and disinfection of schools, and rehabilitation of WASH infrastructure. This is expected to continue as schools reopen, with enhanced efforts to ensure all schools safe, protective and quality learning spaces. This includes new protocols for school management, health, hygiene and protection practices.

Projects by Location and Estimated Funding Requirements

Objective 1: Girls and boys affected by the COVID-19 emergency receive life-saving messages and Mental Health and Psychosocial Support (MHPSS)

Project Title & Description	Location (Country)	Partners	Total Funding Requirement (USD)	Total Requirement 2020 (USD)	Expected Available 2020 (USD)	Immediate 2020 Funding Gap (USD)
Life-saving messages and MHPSS	Cook Islands	APTC, Save the Children, UNICEF and others	16,100	6,000	6,000	0
	Fiji		30,000	30,000	30,000	0
	Kiribati		75,000	20,000	20,000	0
	RMI		60,580	4,000	4,000	0
	FSM		163,225	8,000	8,000	0
	Nauru		6,900	6,900	0	6,900
	Niue		6,325	3,500	3,500	0
	Palau		5,750	5,750	5,750	0
	Samoa		67,250	20,000	15,000	5,000
	Solomon Islands		800,500	775,500	25,000	750,500
	Tokelau		5,175	5,175	0	5,175
	Tonga		37,650	37,650	15,000	22,650
	Tuvalu		59,500	29,750	15,000	14,750
	Vanuatu		820,150	164,030	30,000	134,030
Total			2,154,105	1,116,255	177,250	939,005

Objective 2: Ministries of Education ensure learning continuity for girls and boys affected by COVID-19

Project Title & Description	Location (Country)	Partners	Total Funding Requirement (USD)	Total Requirement 2020 (USD)	Expected Available 2020 (USD)	Immediate 2020 Funding Gap (USD)
Learning continuity	Cook Islands	APTC, EQAP, Save the Children, UNESCO, USP/IOE, UNICEF	31,050	25,000	0	25,000
	Fiji		603,750	603,750	40,000	563,750
	Kiribati		425,474	60,000	40,000	20,000
	RMI		205,635	50,000	40,000	10,000
	FSM		485,150	55,000	55,000	0
	Nauru		9,200	9,200	0	9,200
	Niue		17,250	28,000	0	28,000
	Palau		384,000	0	0	0
	Samoa		347,750	65,000	40,000	25,000
	Solomon Islands		144,327	72,164	40,000	32,164
	Tokelau		0	0	0	0
	Tonga		140,250	70,125	45,000	25,125
	Tuvalu		259,890	51,978	30,000	21,978
	Vanuatu		3,820,000	764,000	40,000	724,000
Total			6,873,726	1,854,217	370,000	1,484,217

Objective 3 – With Pacific Ministries of Education ensure safe school operations and reopening for teachers, learners and school communities

Project Title & Description	Location (Country)	Partners	Total Funding Requirement (USD)	Total Requirement 2020 (USD)	Expected Available 2020 (USD)	Immediate 2020 Funding Gap (USD)
Safe school operations	Cook Islands	APTC, Save the Children, UNESCO, UNICEF and others	2,300	2,300	2,300	0
	Fiji		244,435	122,218	30,000	92,218
	Kiribati		180,441	15,000	15,000	0
	RMI		208,050	44,000	30,000	14,000
	FSM		309,200	15,000	15,000	0
	Nauru		2,875	2,875	2,875	0
	Niue		5,175	2,000	2,000	0
	Palau		0	0	0	0
	Samoa		211,500	105,750	20,000	85,750
	Solomon Islands		577,309	288,655	30,000	258,655
	Tokelau		12,075	12,075	0	12,075
	Tonga		154,600	77,300	20,000	57,300
	Tuvalu		157,475	78,738	20,000	58,738
	Vanuatu		900,000	450,000	30,000	420,000
Total			2,965,435	1,215,910	217,175	998,735

Objective 4: National coordination mechanisms, plans and the resilience of education systems, local actors and school communities are strengthened

Project Title & Description	Country	Partners	Total Funding Requirement	Total Requirement 2020 (USD)	Expected Available 2020 (USD)	Immediate 2020 Funding Gap (USD)
Education contingency and response planning, coordination, system strengthening and resilience building	Cook Islands	Save the Children, UNESCO, UNICEF and others	36,800	0	0	0
	Fiji		0	0	0	0
	Kiribati		103,000	30,000	20,000	10,000
	RMI		167,250	25,000	15,000	10,000
	FSM		247,150	30,000	20,000	10,000
	Nauru		9,200	0	0	0
	Niue		12,650	0	0	0
	Palau		6,900	0	0	0
	Samoa		214,950	25,000	15,000	10,000
	Solomon Islands		144,327	25,000	15,000	10,000
	Tokelau		0	0	0	0
	Tonga		30,750	30,750	20,000	10,750
	Tuvalu		111,500	25,000	20,000	5,000
	Vanuatu		200,000	0	0	0
Regional	60,950	60,950	0	60,950		
Total for Objective 4 (USD)			1,345,427	251,700	125,000	126,700

Total Funding Requirements

Grand Total Fund Requirement (USD)	Total Funding Requirement 2020 (USD)	Expected Available 2020 (USD)	Immediate 2020 Funding Gap (USD)
3,338,693	4,438,081	889,425	3,548,656

Notes

- Funding requirements reflect estimates based on available/draft contingency plans and/or communication with Ministry of Education colleagues on priorities, including on complete response plans, as well as on immediate priorities for 2020. It is expected that national plans will continue to be fine tuned in the coming weeks, and that they will also change as the situation of COVID-19 and school closures changes in each country.
- Funding gaps are estimated based on available information regarding funds dedicated to COVID-19, and – in some cases – estimates that existing finance from ongoing or stalled education programmes may be available to cover at least a small portion of COVID-19 response.
- It is noted that the Global Partnership for Education (GPE) has indicated that the 8 GPE-eligible countries (Kiribati, RMI, FSM, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu) may apply for up to \$1M USD to support implementation of their COVID-19 response plans. It is important to note that funds received through the GPE will be complementary to this plan. It is expected that most GPE funds will be directed toward longer-term needs and systems for contingency planning, communication, continuity of learning and safe school operations, and would extend beyond the shorter duration of this appeal. At this time, it is uncertain which countries will opt to apply for these funds, the amounts, and when precisely they would come through. This information, will be updated as relevant moving forward.
- Funding for WASH in schools under “safe school operations” will be coordinated with the WASH cluster.

Emergency Telecommunications

Situation Analysis

For the region – common effects across all countries

For small island nations the continuous functioning of essential telecommunications infrastructure and systems will be crucial for an effective preparation and response to the COVID-19 pandemic. Specific requirements include the need for common feedback mechanisms to enable public interaction with health authorities such as short code community hotlines; ensuring appropriate telecommunications/connectivity between national, provincial and community level health authorities; ensuring communication is possible to all remote areas to fully support risk communication and community engagement which are key to the mitigation and containment strategies for COVID-19; and technical support for the setting up of health emergency operations centres.

Impact on the cluster's services

The existing programme of work of the Pacific Emergency Telecommunications Cluster (ETC) involves supporting the national Emergency Telecommunications coordination structures in 12 Pacific countries and territories. As part of the WHO-led Joint Pacific COVID-19 Incident Management Team, supporting the health response across the Pacific, the remit of the Pacific ETC has expanded to cover the 12 Pacific island countries and territories working with the WHO Pacific Office.

Who are most affected/vulnerable?

More focused attention on telecommunications infrastructure, systems and trained operators is required in Pacific countries and territories with remote regions or outer islands, and with more dispersed populations.

How will what the cluster is doing support national response efforts?

ETC Pacific is directly supporting national health response efforts by facilitating and ensuring telecommunications/ICT, using different technical means and modes, for national health authorities and between the public and national health authorities. For example, by facilitating national emergency telecommunications stakeholders/counterparts to directly support their ministries/departments of health.

Current impact

The sparse telecommunications/ICT coverage in some countries and certain regions of some countries may exacerbate the public's inability to contact health authorities and/or to receive health promotion and risk communications, advocacy and awareness.

Projected Humanitarian needs until December 2020

Immediate needs

- Support to ETC's national counterparts and telecommunications/ICT stakeholders for COVID-19 preparedness and response planning;
- Telecommunications/ICT needs assessment to facilitate analysis of specific requirements required to support the health sector led response;
- Support for planning and implementation of common feedback mechanisms to be used for public referral; and
- Support for planning of public health emergency operations centres.

Continued support to ETC's national counterparts and telecommunications key stakeholders

It is expected that the ministries/departments of health may require technical assistance in the areas of :

- connectivity to enable work from different and alternative locations;
- technical means and modes for information management; and
- field deployment teams, data collection and communication to central PHEOCs.

Ongoing Response

- Continued set up of common feedback mechanisms. Initiatives for this have been completed in at least 13 countries.
- Continued technical support, through ETC's national counterparts, to ministries/departments of health.
- Feasibility study regarding information management for ministries/departments of health and Public Health Emergency Operations Centres.

Current Response Gaps and Challenges

- The inability to currently travel in the Pacific has meant all support is being provided remotely, except for Fiji. This has added some difficulty to delivering some technical and hands-on aspects of training and implementation.
- ETC Pacific is understaffed for the breadth of work required to be undertaken for COVID-19 preparedness and response across 12 countries and territories.
- Lack of funding for this COVID-19 preparedness and response has resulted in ETC not being able to take on surge support (even if it's delivered remotely).

Response Plan

Cluster Objectives

1) Objective 1 – the effective use of telecommunications (multiple modes and multiple methods) as part of the health sector led COVID-19 preparedness and response for Pacific countries and territories.

2) Objective 2 - the continual functioning of essential telecommunications infrastructure/systems to support COVID-19 preparedness and response, livelihoods and other sectors in-country.

Targeted Beneficiaries

Targeted beneficiaries are -

- the public at large;
- health sector responders; and
- national emergency telecommunications key stakeholders.

Projects by location

Project Title & Description	Location	Partners
Support and facilitation for emergency telecommunications coordination– working through countries that have telecommunications group as well as those that do not have established emergency telecommunications coordination mechanisms. For countries that don't have these groups, working with telecommunications regulators and telecommunications line ministries – 2 main pillars; 1) how to effectively use telecommunications/ICTs for COVID-19 preparedness and response, 2) continuity of service as countries move into the response phase.	Region-wide	ETC Pacific (led by WFP), WHO, telecommunications line ministries, telecommunications regulators, departments of health
Planning for provision of multiple means for the public to interact with health authorities (mobile, HF/VHF radio, broadcast radio)	Region-wide	
Short code number planning and implementation for COVID-19 (where possible toll free). Ideally, one number for the whole country.	Region-wide	
Health EOCs (phase 1) – telecommunications capabilities – minimum recommended kit pushed out to first 5 countries. Provision of technical specifications for procurement by a third party (ongoing) of telecommunications equipment to support the HEOCs to carry out their functions.	RMI, FSM, Palau, Kiribati, Tuvalu	
Planning and implementation of call centres for COVID-19, including call centre algorithms.	Region-wide	
Support and facilitation of regional exchange of information between countries.	Region-wide	
Information management for ministries/departments of health.	Region-wide	

Total Funding Requirement for 6 months (USD)	Immediate 2020 Funding Gap (USD)
535,000	433,000

Food Security

Since the outbreak of the COVID-19 in the Pacific Region, further compounded by TC Harold for the South Pacific, Pacific Island governments have taken decisive action to put in place isolation and/or quarantine measures to reduce possible entry, transmission risks and curb the spread of the virus.

While it will take time to fully understand the scope and impact of TC Harold and COVID-19 on food Security in PICs, the actions of food security stakeholders across all levels will need to be cohesive to ensure that humanitarian and development responses will address immediate, medium and long term food security needs and further strengthen national response plans. Coordinated response aims to uphold the humanitarian principles in view of movement restrictions, challenges with accessibility and support mechanisms, all within the context of the dispersed and isolated Pacific populations and the economic constraints, loss of livelihoods and social challenges that are associated with COVID-19 and TC Harold.

The geographical scope of PICs necessitates that without meaningful direct access to affected communities, traditional modalities of humanitarian response to collect information and monitor the food security and basic needs of affected populations cannot be relied in the current context. In addition to national level information, data at regional level is needed, including the ability to answer key questions on the impacts of the COVID-19 on food security and nutrition, agriculture and livelihoods, access to services, markets and supply chains, as well as particular challenges and needs of affected populations, if development and humanitarian actors are to provide sustainable and meaningful support to national governments.

Action to address the impacts of COVID-19 on food security needs to be swiftly accelerated and informed by ideas and practices from the Pacific Region that are best suited to the Pacific Region. By collaborating in a coordinated and cohesive food security way with development and humanitarian actors through the Regional Pacific Food Security Cluster, the chance of mitigating the impacts of COVID-19 on the national food systems, livelihoods and protecting the food security of the most vulnerable people in the Pacific is tangible. While the focus of the Regional Pacific Food Security Cluster would be on understanding the immediate impacts of COVID-19 on food security, nutrition and agriculture value chain, the long-term impacts due to the expected economic crisis will be given careful consideration in the cluster's response plan.

To catalyze, the Regional Pacific Food Security Cluster (rPFSC), co-chaired by the World Food Programme, Food and Agriculture Organization of the United Nations and the Pacific Community (SPC) are actively working to coordinate with other agriculture and food security practitioners and development partners in the Pacific Region to undertake a whole of sector approach in support and guidance provided to national Food Security and Livelihood Clusters and stakeholders. It is paramount to fully understand current and potential future food security and economic impacts of the COVID-19 crisis, in particular the impact on rural livelihoods, agriculture production supply chain and increased transaction issues in their access to market. The food security analysis will identify the new vulnerabilities of these variables to formulate tailored country-specific and where possible regional food security response strategies for the short, mid and long terms. A key intervention of the regional Pacific Food Security stakeholders is to support the national institutions on Disaster Risk Management for food and nutrition security to address recovery needs actions and policies to significantly mitigate the agriculture sector vulnerability and other natural disasters and to strengthen the national institutions preparedness. In this regard, the rPFSC is instrumental among others in providing capacity building on Information Management tools, methodologies and services for Disaster Risk and vulnerability assessment that is based on international standards and proven technology. These methodologies and tools enable to assess the impact of COVID-19 on rural livelihoods

specifically through the losses that occur in the agricultural sector (crops, livestock, forestry, aquaculture, fisheries, value chains, market and livelihoods). The key approach is the capacity building of the national expertise to undertake detailed assessments of agriculture loss and food insecurity through comprehensive analysis of the impacts generated and their associated costs. The use of cutting-edge remote-sensing tools, combined with breath of regional expertise within Food Security cluster, offers a promising approach to assess and map disruptions in the food security sector. Data collection using cellphones and web-based technology can be deployed at scale to inform and monitor the impacts of COVID-19 on affected populations. The rPFSC seeks to be demand-driven and responsive to the needs of country-level clusters but will also take into consideration the use of platforms that can contribute to regional coordinated response in the Pacific.

How has the cluster's services been directly or indirectly impacted?

The rPFSC was scaled up from March 2020 including with the inclusion of the Pacific Community as a co-lead and seek active participation of development actors, academic institutions, INGOs, CSOs and private sector in a progressive manner. While the rPFSC doesn't possess any track record of supporting multiple emergencies at once, there has been an incredibly positive response from the development and humanitarian actors to collaborate and provide coordinated comprehensive support to national governments. The rPFSC faces some challenges in this operating environment such as regular communication with national clusters, ability to host regular meetings of members and ensure effective inter-cluster coordination or bilateral coordination with other cluster such Nutrition, WASH, protection, etc. Financial support is urgently needed to support the functioning of the cluster. This is important to ensure an effective coordination of a common strategic Cluster approach to support the population in need, agreed response packages, harmonized actions to fill gaps and avoid overlap, and monitoring the Cluster response by members and ensure optimization of scarcely available resources. The funding for the rPFSC will enable support for PICs to conduct rapid assessments and formulate national programme strategies for the food security sector response to the COVID-19 crisis.

The reality of COVID-19 in the Pacific provides a good case in point of countries seeking and requesting the rPFSC for technical support in the areas of coordination, preparedness, response, agriculture, fisheries, livestock and food safety. Although some cluster members are reorienting resources to address some of these requests, a significant injection of financial resources is urgently needed.

How has this affected the people? Who are most affected/vulnerable?

While mitigating the health impacts of COVID-19 in PICs, the evolving human, social and economic impacts especially in relation to food security nationally and regionally must not be overlooked, especially for those most at risk for severe consequences – Women, the elderly, adolescents, youth, and children, persons with disabilities, indigenous populations, LGBTQI community among others experience the highest degree of socio-economic marginalization. Access to sustained nutritious food, income, resources and assets, information, and social support is greatly shaped by Pacific cultural norms, beliefs, and expectations. Accordingly, divisions of labor and interpersonal and social dynamics within the household and community may influence access to information, financial support, and health services. All small island states experience disruptions on shipping of food supplies to the islands, further increasing concerns for food security. In countries where imported food supply has been disrupted, people are encouraged to increase their activities in farming and fishing and landless people will have more difficult to cope. Most small incomes generating activities performed by women like market vendors, selling of cooked meals, handicraft production, and services, are critical to support households' food security, especially in countries where people depend more on imported food than subsistence farming and fishing, like in atoll nations.

In time of hardship, many Pacific families rely on remittances from family members living abroad. However, the COVID-19 crisis is affecting all countries and many Pacific people living abroad have lost their job and are also experiencing hardships and uncertainties.

Vulnerable and marginalized populations will become even more vulnerable as COVID-19 and TC Harold emergencies unfold in the coming months thus efforts to address their needs and inclusion in decision-making processes for preparedness, response and recovery must be enhanced across all development and humanitarian efforts in the region. The development and humanitarian community must quickly mobilize coordinated efforts to mitigate the impacts of COVID-19 on food and agriculture in PICs and, most importantly, protect the food security of vulnerable people.

Country impacts

Different degrees of the impacts of the disruption of economic activity and agriculture value chains on food security are likely to unfold. Atoll nations such as Tuvalu, Kiribati, Tokelau will be the most vulnerable and are likely to be more severely affected at an earlier stage with food scarcity. TC Harold has further compounded the impact of COVID-19 in Fiji, Solomon Islands and Vanuatu.

In several Pacific countries, the predominance of the tourism sector as a major contributor to national GDP will be hugely affected and have a major impact on food and nutrition security and livelihoods of the populations with many small women led enterprises ceasing to operate. As it is likely that the impacts on the sector of this global crisis will continue in the medium-term, the agriculture sector will constitute the only alternative but will also require major investments in inbound production markets and outbound commodity markets to mitigate the impacts of the global crisis on livelihoods and the economic activity and ensure food availability and affordability in view of the reduced import capacities.

All countries in the Pacific rely on food import so the current disruption of food supply chains is likely to have damaging effect on people's food security and nutrition. Existing structural socio-economic vulnerabilities, such as non-communicable diseases, gender inequalities, poverty are also likely to expose certain countries and population groups to earlier food insecurity if the situation continues.

Projected Humanitarian needs until December 2020

Immediate Support from the rPFSC will focus on collecting relevant information and provide emergency and livelihood assistance to ensure that farming and fishing communities keep sustained production and remain connected to markets while adopting labor-saving practices that compensate for reduced labor availability – caused by sick family members, limitations on collective labor, and restrictions on the movement of people.

Information is also needed to understand the impact and coping mechanisms of small and medium enterprises in the agriculture sector due to their extreme vulnerability to shocks, as they have limited cash reserves and little access to risk-finance tools. Of specific importance are the SMEs that are concerned with production factors such as the supply of seeds and farm inputs or small enterprises that add value to products creating niche markets with existing and potential new outlets out of the Pacific (Coconuts, Cacao, ginger and Kava). Development actors participating at the rPFSC are well positioned to work with their private sector partners to support business continuity planning, develop digital marketing solutions, and enact other contextually appropriate measures that can sustain small and medium agricultural enterprises in the context of COVID-19.

Information is needed to understand the impact of disruptions to supply chains and markets on households and food systems. The rPFSC will consider contextually appropriate solutions to get inputs from farmers, producers, consumers to understand the impacts of health control measures related to COVID-19.

Preparedness and response planning, coordination & resilience building:

Technical and financial support will continue to be required for the detailed design, set-up, monitoring and ongoing readjustment of elements within the plan and the overall response. Support to coordination within the sector, with partners, and with other sectors/clusters will be important, strengthening the government-led cluster system in the Pacific.

If the declared national states of emergency and the associated disruption of food value chains continue, the following scenarios are expected to unfold:

- Imported food could be scarce and their prices increased, this is important for nutrition, because vegetables, grains and chicken (more prominent than fish in daily diets) are imported;
- Local farmers who sell their crops are currently affected by falling prices due to a lack of demand associated with the disrupted tourism industry. They are likely to continue losing economically on their crops/harvests, and in the long term, this could affect production negatively.
- Local food systems would be affected as fewer farmers would have access to necessary production factors (seed, extension services etc.)

Ongoing Response

The rPFSC will upscale its current assistance to governments to provide support to food and nutrition security and resilient livelihoods of women and children in the context of COVID-19.

A major contraction of the economy is expected in the short, medium and long term, especially in the short term for countries with an important economic sector (Fiji) and countries heavily dependent on food imports (atoll countries in the North Pacific). The emergency assistance in agriculture inputs currently being implemented by FAO in Fiji is supporting vulnerable communities which are also experience loss of livelihood opportunities due to the economic impact of the crisis on other sector particularly the tourism sector and the localized lockdowns which prevent access to markets as well as the confinement measures put in place by the national authorities. The productive agriculture sector can enhance domestic production and the national food system at large. This assistance is providing immediate and direct relief to affected populations in view of the instability of market for food prices and livelihoods. The support is particularly important for the most vulnerable population as the lack of social safety nets in the Pacific, particularly for the vulnerable population engaged in the informal sector, is already having a strong impact.

The rPFSC intends to undertake;

- Coordinated vulnerability impact assessments and mobile monitoring to develop a critical understanding of the current situation and help design response plans. These analyses will inform decision making by national and regional actors on how to prioritize with specific actions. The cluster is also preparing technical support to boost families' capacities in agriculture, fisheries, livestock, nutrition and food safety, as well as, national and regional coordination, preparedness and response capacities. Additionally, the rPFSC cluster advocates for attention to nutrition and protection, to ensure a broader response beyond health. These actions will significantly facilitate

the effectiveness of national response efforts. Recognizes that the current realities need innovation and collaboration on a continuous basis around food security, agriculture and livelihoods thus creating spaces for regional dialogue with National Food Security and Livelihood Chairs and Coordinators to discuss on-going preparedness and responses, may prove critical to regional resilience and work through relevant regional platforms that assist in building capacity, awareness and coordinated response.

The rPFSC is looking at the assessment, design and response to COVID-19 and TC Harold on agriculture, livelihoods and food security using a gender lens. Understanding and addressing COVID-19 and TC Harold with consideration of the gender dimensions of food security, labor, health, and vulnerability will be key to ensuring women who play a central role in the markets as traders, producers and they often also assume the role of caretakers in the communities.

The rPFSC is leveraging WFP's expertise and advocating for the use of contextually specific remote monitoring tools as they provide a more flexible and efficient way to collect information: they are cheaper, faster, and can be conducted even in epidemic-affected areas without putting people at risk. The remote monitoring toolkit includes:

- mVAM near real-time monitoring systems: WFP's mobile-VAM (mVAM) initiative involves conducting mobile surveys through live telephone interviews whereby high frequency data is collected from households and key informants. mVAM near real-time monitoring systems are recommended for the COVID-19 response as they provide continuous updates on a daily basis. The main advantage of this approach is that data is available more frequently – data is collected on a rolling basis and processed daily through automated statistical engines. Daily updates are then produced showing a snapshot of the current situation over the past 15 or 30 calendar days. To facilitate mobile/mVAM surveys, web surveys and market monitoring, WFP has already developed for partners guidance specifics such as contact information, data collection method, cleaning procedures, and means to release the data. The meta-data template is crucial to disseminate a complete and clear set of information. Mobile surveys should include: (1) a household survey with questions on health and illness, access to health services, access to food and market, food consumption; and (2) a trader-based survey to understand and track COVID-19 related impacts on market prices, market access and supply chains. A household questionnaire template for COVID-19 has been developed to help partners select questions for their survey. A separate trader-based questionnaire template based on the mobile Market Functionality Index (mobile MFI) is also available.
- Web surveys: Leveraging the increasing number of internet users, in some PICs it is possible to use web surveys to collect near-real time quantitative and qualitative information from women and men across all age groups. The method has proven to be effective in collecting high-frequency data from different population groups, including displaced populations. The self-administered survey provides respondents with confidentiality, freedom and confidence to respond, without providing incentives. Information covered so far included questions related to how people meet their food and other essential needs, livelihoods, impacts of shocks, migration drivers and remittances, challenges and priorities. Web surveys should include quantitative questions on demographics of respondents, markets, livelihoods, food security, health, access to services, needs, population movements, awareness and preventives measures related to COVID-19. Additional qualitative questions can be added to further capture the voices of the respondents with regards to their biggest concerns. WFP has developed a master web questionnaire to support the

rPFSC partners select questions for the survey. Ideally, the same questionnaire should be used in subsequent rounds of surveys to establish trends over time.

FAO is currently providing assistance to various national institution stakeholders in the Pacific in particular the Ministry of Agriculture and Fisheries, National Disaster Management Office and National Food Security and Livelihood Cluster (FSLC) on Disaster Risk Management. FAO is supporting national institutions on DRM policies, Information Management standards, procedures, guidelines and instructions for preparedness, emergency response and dissemination of disaster management and resilience practices; revise and update of the Standard Operation Procedures on Disaster Risk Management for FSLC, and ensure that the agriculture policies and standards are developed to address the DRM issues in line with the international standards and commitments of the Fijian government (e.g. Sendai Framework for Disaster Risk Reduction).

The SPC is supporting farming communities in different areas that directly impact on food and nutrition security. At the inbound, the Pacific Community keeps its stock and makes available germplasm upon the request of countries of key food staples (roots and tubers and fruit and vegetable seed). With the Pacific Seeds for Life Project, support is provided in building local capacities in seed systems development (community seed banks) that offer real and rapid opportunities for backyard and home gardening. On Atoll nations, coordinated research was on soils and integrated crop and livestock production systems allowing food systems to develop under agro-ecological stressful conditions. SPC is supporting SME's (mainly women and youth) in value addition for commodities that are an intrinsic part of their lives (virgin oil or quality copra). Through its regional networks it provides the regulatory mechanisms (pre-border, border and post-border for value added products to gain access to markets. SPC is also responding to the outbreak of animal pests and diseases in the Pacific – most recently in building capacity to deal with African swine fever.

UNESCO supports sustainable traditional food production, preparation and consumption as a way to safeguard traditional knowledge, promote biodiversity as well as a measure of disaster preparedness. These traditional practices include traditional fishing, foraging, storing and preserving and cooking that support survival during disasters and emergencies. UNESCO has implemented such initiatives in several of the Pacific SIDS. The COVID-19 pandemic related lockdowns are going precipitate food insecurity and response preparedness calls for boosting or revival of the indigenous and traditional food systems, which build communities' resilience. It counters societal changes that are caused by as well as are major drivers of imported-food dependency.

For example in Fiji, the rPFSC supports the FSLC coordination to establish and maintain coordination mechanisms that provide effective, efficient and appropriate coordination with all development and humanitarian partners and ensure emergency responses are timely and appropriate to ensure that coherent coordinated and integrated humanitarian responses, driven by evidence-based assessments of food security needs of impacted populations is provided. In this regard, the support from FAO to the Fiji MOA to establish a Disaster Risk Management and Climate Change Unit (DRMCC) provide the opportunity to assess the impact of disasters in food and nutrition and develop resilience policy for DRM within the national institutions. One of the roles of the DRMCC Unit is to support the Coordination of the Food Security and Livelihood Cluster under MOA.

Building on existing support on the 72-hour assessment approach for vulnerability and spatial analysis using geospatial technology to strengthen national capacity in Fiji, Solomon Islands, Vanuatu, Tonga and

Samoa, information management, data collection, analysis and vulnerability assessment should be replicated in other countries in the region and escalated in countries impacted by TC Harold. Strengthening support to MOA to undertake market data collection and assess the volume and price of production available in the market through real-time data collection platform (i.e. Kobo-Toolbox) ensures that data are available and embedded into the national institutions.

The expertise on developing post disaster assessment agriculture-specific methodology provides a framework for identifying, analyzing and evaluating the impact of disasters on the sector. A standard methodology for the Fiji FSLC was developed to assess disaster damage and loss in agriculture, that consider assessment of all agricultural subsectors (crops, livestock, apiculture, forestry, aquaculture and fisheries) and their specificities. It is a flexible approach and adaptable to all disasters. It is an international standard that corresponds to universal norms, commitments and collective action at all levels. It will be used to measure the agriculture loss with reference to the changes in economic flows and losses occurring as a result of COVID-19 emergency situation which may include decline in crop production, decline in income from livestock products, increased input prices, reduced overall agricultural revenues, higher operational costs and increased unexpected expenditures to meet immediate needs in the aftermath of a disaster. It provides detailed global information on the needs of all agriculture subsectors. The data collection can be implemented through the national institutions extension officers who have access to the communities through real time data collection platform as kobo-toolbox. FAO has already provided training on real-time data collection through Kobo Toolbox and vulnerability assessment through GIS technology for the Fiji MOA and FSLC members. The Fiji MOA is already undertaking market surveys for monitoring of prices and analysis of the volume of agriculture production available in the markets.

Current Response Gaps and Challenges

Gaps

- Effective data repository and information sharing platform in the region;
- Knowledge-sharing of cluster members activities is still a major gap at this stage;
- Low capacity of the rPFSC, for example, lack of funding for IMO and coordinators is a major challenge;

Challenges

- Logistics, for example, delivering technical assistance remotely is a challenge, as is accessing the national market centers from outer islands
- No or poor availability of internet in the outer islands;
- Inter-cluster coordination on multisector issues such as nutrition (food security, WASH, protection etc.);
- Procurement and transport of nutrition supplies and agricultural inputs from the manufacturers to Pacific Island countries; and
- Scarcity in information to make clear relevant responses to COVID-19 require:
 - collecting and using sex- and age-disaggregated data.
 - tailoring, targeting and reaching women and men with information and assistance.
 - involving women and men in all stages of response and at all levels.
 - ensuring that women and men are decision-makers.
 - monitoring impacts of responses on the lives of women and men.

Response Plan

Cluster Objectives

- Objective 1 – Strengthened national and household food security and nutrition and livelihoods affected by COVID-19
- Objective 2 – Strengthened regional and national coordination, preparedness and response, and monitoring capacities to address and protect the food and nutrition security, resilience and livelihoods of the most vulnerable population affected by COVID-19.

Projects by Country

Further consultations will be undertaken with countries and clusters on projects.

Targeted Beneficiaries

- The most vulnerable population impacted by the limited availability and affordability of food particularly the women, children, elderly, youth, persons living with disabilities, etc.
- Subsistence, semi-subsistence and commercial farmers, fishers, livestock owners, etc. affected by the lack of inputs and access to markets
- SME – mainly women and youth that are engaged in health food systems development and market access.
- Government institutions (especially Ministry of Agriculture and Fisheries, National Disaster Management Offices, Agriculture Marketing Authorities), private sector and civil society agencies.

Projects by location and Estimated Funding Requirements

Objective 1: Strengthened national and household food and nutrition security, resilience and livelihoods affected by COVID-19

Project Title & Description	Location	Partners	Total Funding (USD)	Funding Gap (USD)
Addressing national and household food and nutrition security, resilience and livelihoods affected by COVID-19 through agriculture emergency assistance, enhanced domestic production and value chain/livelihood opportunities under food system.	Regional	FAO	\$5,000,000	\$1,593,000
Strengthening vulnerable livelihoods of semi-subsistence farming population of farmers and fishers, to enhance food availability and affordability.	Samoa	FAO	\$250,000	-
Prevention and management of urgent transboundary animal diseases from devastating local livestock production at the time of food insecurity under COVID-19.	Regional (upon country request)	FAO, SPC OIE, Massey Univ, Sydney Univ	\$1,000,000	\$750,000
Support slow food movement, associations of slow-food and remote island	Pilot	UNESCO	\$175,000	\$175,000

communities in revitalizing traditional food systems.				
Revive traditional fishing and support indigenous subsistence fishing practices based on the principles of self-regulation and co-management.	Pilot	UNESCO	\$175,000	\$175,000

Objective 2: Strengthen national coordination, preparedness and response capacities to address and protect the food security and nutrition and livelihoods of the most vulnerable population affected by COVID-19.

Project Title & Description	Location	Partners	Total Funding (USD)	Funding Gap (USD)
Support regional Pacific Food Security Cluster coordination.	Regional	FAO, WFP, SPC	\$342,000	\$255,000
Regional information sharing/exchange including on vulnerability assessments, information mapping on food security and nutrition, and other national level initiatives.	Regional	FAO, WFP, SPC		
Respond to requests from government-led food security clusters/coordination mechanisms for Covid19 and TC Harold deployments and technical support.	Regional	FAO, WFP, SPC		
Conduct Food Security Impact assessments using household level data (mobile and web based), and currently available government data to support government and stakeholder decision making.	Solomon Islands, Vanuatu, Fiji, Tonga Samoa	WFP, SPC	\$955,000	\$735,000
Follow up Periodic household/community surveys using mobile technology to track food consumption, access to food and markets to inform government and stakeholder decision making.	Vanuatu, Solomon Islands, Fiji, Samoa, Tonga	WFP, SPC		
Ongoing support to national coordination mechanisms - GIS and 72 Hour assessment support to five national FSLC /government led coordination structures, with their food security response planning.	Vanuatu, Solomon Islands, Fiji, Samoa, Tonga	WFP		
Food and nutrition security and lay the foundation for early economic recovery / Access to Seed (vegetables) and seedlings of (root crops)/ CePaCT support/ Seed systems support	SI, Samoa, Tonga, Kiribati, FSM, Fiji, Vanuatu,	SPC	\$1,665,000	
The Australian Centre for International Agriculture Research (ACIAR) will support an Assessment of Food System Security, Resilience and Emerging Risks in the Indo-Pacific to help target future interventions.	Pacific Island Countries	ACIAR	\$ 130,000	

<p>The aim is to assist countries in the region strengthening their food systems resilience.</p> <p>Over the next few months expertise will be mobilized to:</p> <p>(i) monitor, document and analyses food systems vulnerabilities resulting from the COVID-19 crisis and their impacts on smallholder farmers;</p> <p>(ii) identify possible actions that could be taken by governments and other food systems stakeholders to increase food systems resilience in the face of future shocks.</p> <p>Outputs and projected timelines:</p> <p>(i) Rapid Assessments (Q2 - 2020);</p> <p>(ii) Integrated assessments with systematic analysis of emerging food system vulnerabilities at regional and country scales and canvases options to mitigate those risks (Q3 – 2020);</p> <p>(iii) A series of discrete ‘deep dive’ assessments on ‘hotspot’ issues where further research is required (Q3 – 2020)</p> <p>(iv) A series of virtual conference style workshop(s) for stakeholders across the region along with policy briefs and insights (Q4 - 2020)</p>				
<p>Assess the impact of disruption of the on-going crisis on migrants (including internally displaced people) and host communities in terms of their financial and socio-economic well-being and development especially the impacts of COVID-19 on labour mobility, including temporary and seasonal work in the Pacific region. (Vanuatu, Solomon Islands) Provision of technical advice on the socio-economic impact of remittance reductions on communities Vanuatu, Solomon Islands, Fiji, RMI, Tonga, FSM, Kiribati.</p> <p>Support the economic recovery of migrant, IDP and host communities to address vulnerabilities that have been exacerbated by COVID-19 and TC Harold. Vanuatu, Solomon Islands, Fiji, RMI, Tonga, FSM, Kiribati.</p>	Regional	IOM, PWGR WFP	TBC	

<p>Providing guidance to local governments on their planning processes for COVID 19 in markets.</p> <p>Creation and distribution of pre-approved communications materials on basic health and safety</p> <p>Supporting market WASH assessments and official government requests for WASH activities, social distancing measures and materials for markets, including adaptation of business modalities (satellite markets)</p> <p>Facilitating improved agricultural marketing by supporting women market vendors with seeds/agricultural inputs to vendors.</p> <p>Technical support to government</p>	Regional	UN Women	\$600,000	\$600,000
<p>Development and dissemination of technical guidance and advisories on food security issues to partners when working with persons with disabilities (issue papers on Food security)</p> <p>Additional Support required: French translation for all messages and information. Streamline messaging for videos and other forms of messaging into accessible formats. Human resourcing to support development of technical guidance</p> <p>Provision of technical assistance on food security to implementing partners catering to the needs of persons with disabilities</p> <p>Additional Support required: Expertise on Risk Communication for disability inclusion</p> <p>Strengthen DPOs capacity to support national food security clusters and partners for a disability inclusive COVID-19 response and recovery</p> <p>Data collection mechanisms, reasonable accommodation costs (e.g. personal assistant, guides, interpreters), transport, communications, staff time for mentoring</p>	Regional	Pacific Disability Forum (PDF)	\$75,000	\$75,000
<p>IFAD Rural Stimulus Facility - intervention will accelerate and scale those elements of currently ongoing projects, and</p>	Fiji, Solomon Islands,	IFAD	\$1,600,000*	

of relevant innovations demonstrated through R&D grants, that focus on expanding the resilience of smallholder farmers and the self-reliance of rural communities' in fulfilling their basic needs in food, water and health	Vanuatu, Tonga, Samoa, Kiribati (*NB the figure to the right is a pro-ration of \$4.8 million dollars over 18 months)			
Critical data is compiled on vulnerable households in farming communities across the Pacific by Farmer Organisations (FOs) Improved knowledge and understanding of COVID-19 in farming communities across the Pacific. FO households marginalized will be provided with nutritious food, access to medication, livelihood opportunities and other basic needs to ensure human dignity. Domestic value chains are re-aligned and provided with required inputs (planting material, technologies etc.) to ensure consistency and quality of nutritious food for Pacific Islands by FO's. Visibility KM products by FO's on tips for how/what on home gardening, soil health, nutritional planting material, traditional and resilient crops, composting, on the development of home gardens in towns/cities for peri-urban dwellers who are experiencing job losses and lockdown	Samoa, Tonga, Fiji, Vanuatu, Solomon Islands, Papua New Guinea, Timor Leste, Cook Islands and New Caledonia.	Pacific Island Farmers Organization Network (PIFON)	\$1,000,000	\$1,000,000
Grand Total			12,967,000	5,358,000

Note: Funding request for the Pacific Community (SPC), ACIAR and IFAD is also reflected, in the spirit of regional partnership and collective engagement on the COVID-19 response.

Total funding requirements

Total Funding Requirement (USD)	Funding Gap (USD)
12,967,000	5,358,000

Health

The WHO-led Western Pacific Joint Incident Management Team (JIMT) for COVID-19 has been working on supporting health sector preparedness and response activities throughout the Pacific since January 2020. Work in the Western Pacific Region has been aligned with the WHO Global Response Strategy for COVID-19 and the draft WHO Western Pacific Regional Action Plan for Response to Large-scale Community Outbreaks for COVID-19 (17 March 2020). The WHO-led response for the health sector is detailed in Western Pacific Joint Incident Management Team (JIMT) COVID-19 PACIFIC HEALTH SECTOR SUPPORT PLAN – Phase 2 Plan – Containment and Mitigation. Response activities have been tailored to reflect the contextualized needs of health needs and systems across the Pacific. Ongoing work has included support in defining PIC national prevention and response priorities, capacities and emergency response capabilities in the clinical care and public health sectors.

Priority areas for national health sector response to COVID-19

The following systems and services are included in the WHO Western Pacific Regional Action Plan for Response to Large-scale Community Outbreaks for COVID-19:

- Incident management, planning, administration and coordination;
- Risk communication and community engagement;
- Non-pharmaceutical public health interventions, including physical (social) distancing and measures at points of entry;
- Patient care pathways and health care delivery;
- Surveillance and risk assessment;
- Laboratory services;
- Operational Logistics; and
- Health care costs and financial protection.

The estimated total resource requirement to finance the planned activities/interventions under phase 2 of the Pacific Action Plan for COVID-19 Preparedness and Response amounts to USD 39,668,930. This budget is currently under discussion with partner countries and subject to review. The estimated budget includes all partner inputs for inclusiveness and to reflect the broader socioeconomic impact of COVID-19, which may occur even in PICs with no/few cases. This budget is not reflected in the PHT COVID-19 Response Plan.

Nutrition

Situation Analysis

Effects on sector

Women and children in the Pacific are suffering from the triple burden of malnutrition – stunting, micronutrient deficiencies mainly anemia and overweight/obesity as shown in the table below.

Countries	Stunting	Wasting	Overweight	Anemia (Women)	Anemia Children	Source
Cooks	-	-	-	-	-	SOWC
Fiji	8	6	5	27	38	SOWC/WHO
Kiribati	15.2	3.5	2.1	21	39	(MICS 2018) /WHO
Micronesia	-	-	-	18	38	SOWC/WHO
Nauru	24	1	3	-	-	SOWC
Niue	-	-	-	-	-	SOWC
Palau	-	-	-	-	-	SOWC
RMI	35	4	4	20	36	SOWC/WHO
Samoa	6	4	5	25	43	SOWC/WHO
Solomon	32	8	5	41	43	SOWC/WHO
Tokelau	-	-	-	-	-	SOWC
Tonga	8	5	17	19	38	SOWC/WHO
Tuvalu	10	3	6	20	-	SOWC/WHO
Vanuatu	29	4	5	23	28	SOWC/WHO

The people in the region

- Estimated total population in 14 countries: 28,00,000.
- Estimated children 0-59 months in 14 countries: 320,000.
- Estimated children 6-59 in 14 countries: 290,000.
- Estimated children 0-23 months in 14 countries: 120,000.
- Estimated pregnant and lactating women in 14 countries: 70,000.

During the COVID-19 pandemic, malnutrition may increase. Mobility and physical activity are limited. The availability, access and utilization of healthy and nutritious food will also be greatly limited. Due to unavailability of nutrient rich and diverse food, the vulnerable group of people, especially pregnant women, and children are at risk of micronutrient deficiencies and acute malnutrition. Many of them may also become overweight and obese due to consumption of unhealthy food that are high in fat and sugar. There might be donations and in-kind or financial contributions that do not guarantee adequate nutritional quality of the diet of the vulnerable population.

Due to the global disruption of transportation and lock down of manufacturing companies, it is likely that there will be acute shortage of essential nutrition commodities like Vitamin A, deworming tablets, Iron, Folic acid and Zinc for treatment of diarrhea and food and milk used for treatment of acute malnutrition. There might be a supply gap. Governments may be overwhelmed responding to COVID-19 and essential nutrition services might get disrupted, and/or the quality could be compromised.

Projected Humanitarian needs until December 2020

The nutrition cluster will work to ensure that the essential nutrition services are continued, and the essential and lifesaving nutrition supplies are at reach of women and children. Any SAM cases who are otherwise at high risk of mortality (9 times more than healthy children) need to be immediately treated, women and children need to eat healthy and nutritious diets wherever possible, and have access to micronutrients like vitamin A, Iron and folic acid so that they boost their immunity against possible infections.

Health workers need to be trained to deliver essential nutrition services including infant and young child feeding (IYCF) counselling and treatment of Severe Acute Malnutrition (SAM) in the context of COVID-19. Interactive online training courses need to be developed so that health workers can access this from a distance.

Ongoing Response

Nutrition cluster stakeholders are working with Ministries of Health in the following:

- Ensure program and services to protect, promote and support optimal breastfeeding (early and exclusive) and age-appropriate and safe complementary foods and feeding practices remain a critical component of the programming and response for young children in the context of COVID-19;
- Preposition essential micronutrients like Vitamin A, Iron Folate and Zinc for treatment of diarrhea in context of COVID-19;
- Provide technical guidance on nutrition to the relevant nutrition/health officials at Ministry of Health in the 14 countries – on breastfeeding, and complementary feeding (in context of both suspected or confirmed cases of COVID among mothers as well as children);
- Coordinate with nutrition stakeholders and sectors/clusters as necessary to ensure continuation of essential nutrition services in context of COVID; and
- General risk communication on Covid-19.

The partners we work with:

The Nutrition sub-cluster is within the Health and Nutrition Cluster, which is led by the Ministry of Health and Medical Services and jointly co-led by WHO. The cluster/sector in each country comprises many national/international partners who are present in different Pacific Island countries.

Current Response - Gaps and Challenges

Gaps

- Infant and Young Child Feeding Counselling;
- Capacity Building of Health Workers on infant and young child feeding counselling and treatment of Severe Acute Malnutrition;
- Inter-Cluster Coordination;
- Availability of Essential Nutrition Supplies/Stock out; and
- Strengthening Risk Communication.

Challenges:

- No or poor availability of internet in the outer islands;
- Training and Capacity Building of health workers using conventional methods;
- Inter-cluster coordination on multisector issues such as nutrition (food security, WASH, protection etc.);
- Procurement and transport of nutrition supplies from the manufacturers to Pacific Island countries; and
- Reaching the health workers who are engaged on COVID response as well as ones with suspected or confirmed cases with tailored messages and information on risk communication.

Response Plan

Cluster Objectives

1. To build capacity of the health workers in providing essential nutrition services including IYCF Counselling and treatment of SAM in context of COVID-19.
2. To provide essential micronutrients and life-saving nutrition supplies for treatment of severe acute malnourished children in context of COVID-19.
3. To strengthen nutrition care service seeking behaviors on the ongoing risk communication in context of COVID-19.

The Nutrition sub-cluster will intensify its efforts on nutrition and supports government in the 14 countries to delivering the following essential nutrition interventions to protect the lives of women and children in context of COVID.

1. **Infant and Young Child Feeding Promotion and Counselling:** Context specific counselling on breastfeeding, feeding of pregnant and lactating mothers in context of COVID-19 (including during suspected or confirmed) will be promoted. Information will be provided to families on breastfeeding and complementary feeding behaviors at critical times, for example, when the mother and infant are discharged from the health facility, during the transitional phase from exclusive BF to initiate timely complementary feeding. Any unsolicited donations of milk-powder, breast milk substitutes (BMS) or feeding bottles; as well as unhealthy foods (high in sugar, fat and salt) for children will be discouraged.
2. **Treatment and Care of Children with Severe Acute Malnutrition (SAM):** Children with SAM are nine times more likely to die than the healthier children. Therefore, support will be provided to ensure essential nutrition services for screening and treatment of SAM are not disrupted in context of COVID-19. Due to transportation disruption, stock out of some essential nutrition supplies are already occurring in few countries, and this is expected to worsen. The current preposition stocks are depleted and there is a need for strengthening prepositioning. Food for treatment of severe acute malnutrition like F-75, F-100, and Ready-to-Use Therapeutic Food (RuTF) will be purchased and delivered to the 14 Pacific Island countries, as necessary in coordination with ministry of Health of the relevant country.
3. **Micronutrients for children and women:** Together with the promotion of healthy food, the women and children also need to be prevented from micronutrient deficiency during COVID-19. For this, UNICEF works very closely with the respective Ministries of Health to ensure micronutrient (Vitamin A, deworming, Iron Folic Acid and Zinc) supplements to children under five, pregnant women, and breastfeeding mothers to strengthen children's immune system and ensure that women have healthy pregnancies and healthy children.

4. **Capacity Building of Health Workers:** Health workers are trained on Infant and Young Child Feeding Counselling and treatment of Severe Acute malnutrition in context of COVID, so that health workers have adequate skills to protect children from malnutrition and treat them as necessary. Innovative platforms and virtual platforms including use of phone, radios, and other media will be explored to deliver the training contents.
5. **Risk Communication and Awareness Raising:** Promotion and support for healthy diets that are nutritionally adequate is critical for children during emergencies, especially when opportunities for mobility and physical activity are limited. Promotion and support for healthy diets that are nutritionally adequate is critical for children during emergencies, especially when opportunities for mobility and physical activity are limited. The risk communication efforts on Nutrition will be further strengthened. Coordination will be further strengthened with Food, Health, WASH and Social Protection system to deliver essential nutrition services to support communities and families in maintaining adequate diets and the wellbeing of infant and young children.

Targeted Beneficiaries

The Nutrition sub-cluster has planned to reach the following beneficiaries through different interventions.

- Number of children 6-59 months reached with Vitamin A = 290,000;
- Number of children suffering from SAM reached = 1100 (20% of total annual burden);
- Infant and Young Child Feeding Counselling = 24,000 (120,000*20%);
- Number of Pregnant women and breastfeeding mothers reached with Iron Folic Acid = 14,000 (70,000*20%);
- Number of mothers/caregivers to be reached with risk communication through media = 120,000 and number of PLW reached with risk communication through media = 70,000;
- Number of children under-five with zinc for treatment of diarrhea = 10,000;
- Number of children 12-59 for de-worming tablets = 10,000 (only for FSM); and
- Health Workers (5,000 estimated).

Estimated Funding Requirements

Country Level Budget Breakdown

Project Title & Description	IYCF Promotion and Counselling	Treatment and Care of Children with SAM	Micro-nutrients for children and women	Capacity Building of Health Workers	Risk Communication and Awareness Raising	Monitoring, Assessment and Evaluation	Technical Assistance	Grand Total
Cook Islands	1,500		400	1,000	1,000	1,000	2,000	6,900
Fiji	57,000	30,000	1,500	60,000	60,000	20,000	48,000	276,500
Kiribati	10,000	7,000	500	10,000	10,000	4,000	9,000	50,500
RMI	5,000		500	5,000	5,000	2,000	4,500	22,000
FSM	8,000		1,300	8,000	8,000	3,000	6,000	34,300
Nauru	1,500		400	1,000	1,000	1,000	2,000	6,900
Niue	1,000		300	500	500	1,000	2,000	5,300
Palau	1,500		400	1,000	1,000	1,000	2,000	6,900
Samoa	18,000	8,000	1,000	18,000	18,000	7,000	15,000	85,000
Solomon Islands	59,000	28,000	1,500	59,000	59,000	20,000	49,000	275,500
Tokelau	1,000		300	500	500	1,000	2,000	5,300
Tonga	8,000		500	8,000	8,000	3,000	6,500	34,000
Tuvalu	1,500		400	1,000	1,000	1,000	2,000	6,900
Vanuatu	27,000	12,000	1,000	27,000	27,000	10,000	23,000	127,000
Total Budget	200,000	85,000	10,000	200,000	200,000	75,000	173,000	1,018,440*

**includes \$75,440 (8%) headquarters recovery costs*

Total funding requirements

Total Funding Requirement (USD)	Funding Gap (USD)
1, 018,440	1, 018,440

Logistics

Situation Analysis

The Pacific island countries and territories are spread out over a vast geographical area covering thousands of square kilometres. The impact of the COVID-19 pandemic has posed unprecedented restrictions on movement of people, which includes tightening of border controls, suspension on visa issuance and closure of international airports. In the Pacific, this has resulted in suspension of almost all commercial airline operations, effectively making travel between the different countries impossible. Furthermore, the suspension of commercial air passenger services has also severely reduced commercial air cargo services as there are no dedicated cargo aircraft.

As a result, WHO and other humanitarian organisations have no remaining commercial options, for an ever-increasing number of destinations, for the movement of humanitarian workers, medical specialists, personal protection equipment (PPE) and other essential medical equipment. Additionally, the suspension of commercial air services is severely affecting the ability of Ministries of Health to send samples to the limited number of accredited laboratories in the Pacific for testing of COVID-19.

Sea freight services, whilst still functioning, are having to adhere to strict quarantine guidelines and are in some instances experiencing delays or reduced schedules. Any disruption to commercial sea freight supply chains is of potential concerns in a region so heavily reliant on shipping and heavily reliant on imports, especially food commodities.

Projected Humanitarian needs

- A functioning supply chain for the delivery of urgently required medical equipment and PPE in order for Pacific countries and territories to prepare for and mitigate the effects of COVID-19.
- Air passenger services for the movement of humanitarian personnel, especially medical experts.
- Transportation services for the movement of samples to accredited labs for testing for COVID-19.
- Up to date information of the status of the commercial sea freight supply chain across the Pacific.
- Up to date information on the status of commercial air services.

Ongoing Response (Current Pacific Logistics Cluster Activities)

- Pacific Logistics Cluster coordination to minimize duplication of efforts: coordination meetings to maintain an open forum for discussing and addressing humanitarian logistics issues as they arise, to promote joint planning, and to improve logistics gap analysis.
- Pacific Logistics Cluster information management and mapping to support operational decision-making: dissemination of relevant and up-to-date logistics information about the operating environment (including monitoring and dissemination of availability and schedules of charter and scheduled flights and shipping in the region and travel restrictions).
- Ongoing support to government-led national logistics coordination mechanisms, including support for COVID logistics response planning.

Current Response Gaps and Challenges

In order to keep supply chains open across the Pacific for urgently required humanitarian cargo and the delivery of samples for testing, as well as the movement of humanitarian personnel, it will be necessary to establish a humanitarian air transport service servicing international routes. The resultant international transport service would be comprised of a range of transport assets and would only serve destinations not covered by commercial airlines. As commercial airlines resume services in parts of the Pacific, or as others shut down, the services will be adjusted accordingly.

Response Plan

To support the COVID-19 health response and other ongoing humanitarian operations in the Pacific, the Pacific Logistics Cluster will provide logistics coordination, information management and provision of common services to fill identified gaps and needs, to ensure the continued flow of urgent humanitarian cargo including essential PPE, medical equipment and other humanitarian relief items. The Pacific Logistics Cluster's plan is comprised of three components:

- 1) Facilitating regular logistics coordination through consultations, meetings and information sharing with partners;
- 2) Providing timely and reliable logistic information; and
- 3) Addressing identified logistics gaps and needs through the provision of cargo consolidation and air freight services for urgently required humanitarian cargo, as well air transport for humanitarian personnel and COVID-19 test samples.

Logistics Coordination

The Pacific Logistics Cluster Coordinator facilitates regular logistics cluster coordination meetings at a regional level and work closely with regional partners to identify gaps and needs. It will work closely with regional partners and governments to monitor regional supply chains in general and the humanitarian supply chain. The Pacific Logistics Cluster will support ongoing preparedness and response at the country level through national logistics clusters, in line with WFP's ongoing programme of work in support of government-led logistics coordination mechanisms. It will further continue to work closely with the WHO-led Joint Pacific COVID-19 Incident Management Team.

Logistics Information Management

The Pacific Logistics Cluster will closely monitor the commercial sea freight supply chain across the Pacific as disruptions may lead to limited supply of basic commodities and food items to countries which are highly dependent on imports. Regular updates will be distributed to partners and shared on the Pacific Logistics Cluster website. In addition, the Pacific Logistics Cluster has advocated for the inclusion of the Pacific on a commercial site that is collating shipping restrictions, which has so far resulted in the addition of five Pacific countries to the map. This can be found at: <https://www.wilhelmsen.com/ships-agency/campaigns/coronavirus/coronavirus-map/>. The Pacific Logistics Cluster will monitor the status of commercial airlines operating in the region as well as ad-hoc flights. This information will be shared regularly with stakeholders to ensure they can make the best use of the minimal commercial options that become available.

WFP is also tracking travel restrictions globally. This can be found at: <https://unwfp.maps.arcgis.com/apps/opsdashboard/index.html#/db5b5df309ac4f10bfd36145a6f8880e> Through the PALM (an online stockpile mapping platform open to all actors across the Pacific) all stakeholders will be able to view levels of pre-positioned relief items, by location based on partners inputs. Pacific Logistics Cluster updates will also be posted on the Pacific Response page of the Logistics Cluster website at: <https://logcluster.org/ops/pacific>.

Provision of Common Services

Cargo and Passenger air services:

WFP Aviation will provide air cargo services to address the systematic movement of urgently required humanitarian cargo including medical related items such as PPE, medical equipment, medical consumables and specimen samples. WFP Aviation will provide passenger air services to ensure that humanitarian personnel are not restricted by commercial transport closures and can rapidly reach the areas where they are most needed. WFP is planning to provide air transport services for an initial period of three months, unless a there is resumption of all required commercial routes/services within this period.

The air transport services will be managed by WFP Aviation, including booking of passengers, while access to cargo services will be managed through the Pacific Logistics Cluster. At this stage we do not expect to have set routes or scheduled flights. The routing will need to be flexible to meet the needs of humanitarian partners and will be based on demand. Flights will most likely be of a “milk run” nature depending on volumes to be moved.

WFP plans to provide air transport services to those countries in the Pacific for which there are no commercial options available. In this regard, WFP is aligning itself with the work of the WHO-led Pacific Joint Incident Management Team which includes procurement of medical items and PPE. Therefore, the countries covered could include, depending on the status of commercial options, all the 21 Pacific countries and territories⁶ covered by the WHO Regional Office for the Pacific, plus Papua New Guinea if required.

The Pacific air services will connect with the global air service WFP has established in response to COVID-19. The global service will facilitate the movement of humanitarian cargo from locations outside the Pacific region, if commercial options are not available. The global service includes hubs for the consolidation and on-forwarding of cargo close to points of manufacture. Services provided by the WFP global service, including flights and consolidation hubs, are part of the Global Humanitarian Response Plan and not part of this Pacific-specific plan.

⁶ Fiji, Samoa, Tokelau, American Samoa, Vanuatu, Solomon Islands, Tonga, Tuvalu, Niue, Nauru, Kiribati, Cook Islands, French Polynesia, New Caledonia, Wallis and Futuna, Pitcairn, Marshall Islands, Federated States of Micronesia, Palau, Guam, CNMI.

Common Storage:

The Pacific Logistics Cluster will provide cargo consolidation services in Nadi (and the North Pacific if required) to support efficient air operations. Our aim is to use the services of existing services providers at the international airport, including for bonded warehousing to facilitate smooth transit of cargo through Fiji. We do not propose to open new warehouses. The consolidation service will be particularly important for organisations that do not have warehousing in Fiji and/or are also using the WFP global air service, or other providers to move cargo into the region. WFP Aviation will transport cargo from cargo consolidation hubs to the main entry points of Pacific island countries and territories. From main entry points, cargo owners/consignees will be responsible for onwards transportation and delivery to final destinations.

Cargo prioritisation:

Cargo prioritization will be done based on priorities set by WHO, who lead the Pacific Joint Incident Management Team which is coordinating the health response at the regional level, and also the Resident Coordinators in their roles as co-chairs of the Pacific Humanitarian Team if required.

Cargo tracking:

Through the Relief Item Tracking Application (RITA) the Pacific Regional Logistics Cluster will track and share information on cargo transported and/or stored on behalf of the humanitarian community.

Cluster Objectives

- 1) Objective 1 – Effective coordination of logistics efforts and the logistics response at the regional level for the Pacific.
- 2) Objective 2 – Minimize supply-chain disruption through provision of essential logistics services to enable an effective and efficient COVID-19 response.

Targeted Beneficiaries

Targeted beneficiaries are all responding agencies.

While the HRP in general covers a timeframe up until the end of 2020, this is considered too long for initial planning of common services. The activities of the Pacific Logistics Cluster at the regional level, including regional level coordination and information management are currently planned for a period of six months. The provision of cargo consolidation and air freight services is currently planned for a period of three months.

Projects by location and estimated funding requirements

Pacific Logistics Cluster

Activities	Location	Partners	Total Funding (USD)	Funding Gap (USD)
Reginal logistics cluster coordination and information management.	All	Pacific Regional Logistics Partners	1,255,000	958,225
Support to national logistics coordination mechanisms	12	National logistics partners including NDMOs, relevant Government ministries and NGOs		
Monitor government decreed travel restrictions and border closures	All	Pacific Logistics Cluster Coord, WFP, National Logistics Coordination mechanisms		
Continued monitoring of the shipping across the Pacific in collaboration with partners.	All	Pacific Logistics Cluster, WFP, SPC, Commercial Providers, MFAT, DFAT,		
Cargo Consolidation and temporary storage (3 months)	All	WFP, Commercial Service Providers		
Tracking of cargo and upstream pipeline	All	Pacific Regional Logistics Partners		
Total			1,255,000	958,225

Air Transport Services

Activity	Location	Partners	Total Funding (USD)	Funding Gap (USD)
Air Transport Services (3 months)	All	WFP Aviation	5,600,000	5,600,000

Budget for the air operations is approximate and subject to change. Actual costs will depend on how commercial airline markets, as well as demands for services, evolve as the pandemic unfolds.

Total funding requirements

Total Funding Requirement (USD)	Funding Gap (USD)
6,855,000	6,558,000

Protection

Adapting to the New Operational Environment

The COVID-19 pandemic has radically changed the operational context in the Pacific region which have exacerbated vulnerabilities for women, children and youth and older persons, refugees and migrants, the poor, people with disabilities, persons in detention, minorities, LGBTI people, among others. Restrictions on the movement of people and goods required the protection cluster partners to quickly adapt, re-purpose and reorganize their operations and find new ways to deliver assistance. For the Protection Cluster, this has meant the provision of technical and financial resources directed towards adaptation of coordination structures and social services to support remote service provision as well as scaling up support for the mental health and psychosocial support needs of women and children and health service identification, referral and treatment of survivors of violence given the expected uptick in violence against women and girls and child protection concerns.

Recommendations on how to address potential protection risks were developed and shared among national clusters and other actors as an immediate advocacy and support to countries. Advocacy to reduce stigma, support the military and security forces in working to support protection outcomes and to ensure the continuity of existing essential services, including police support for survivors of violence and child protection have also been taken up by the Protection cluster to ensure the most vulnerable populations remain at the forefront of the COVID response. Furthermore and of central concern to the Protection cluster is ensuring that all interventions and programmes across the response address and support the most vulnerable. This includes mitigating risk and mainstreaming protection across all sectoral and cluster responses.

The Protection Cluster is also assessing whether emergency measures, including states of emergency, are legal, proportionate, necessary and non-discriminatory, have a specific focus and duration, and take the least intrusive approach possible to protect public health and reviewing measures restricting freedom of expression, including arrests relating to COVID-19 related social media posts or news, and at the impacts of new forms of surveillance and data collection on the right to privacy. The Protection Cluster is also monitoring reports of incidents of racism, discrimination and xenophobia relating to COVID-19, collecting good practices, and providing guidance on ways to respond to such issues.

To meet immediate needs in this new context, cluster partners have adapted and scaled up existing programmes in the following ways: on-line counselling services, remote crisis centre services and providing front line service providers with new tools and frameworks to guide their operations, adaptation of gender based violence and child protection stakeholders through adaptation of service delivery protocols specifically for COVID-19, provision of guidance, tools, training to enable remote service delivery, prepositioning of dignity kits and guidance tools to ensure provision of dignity to women who have had to be removed from households, standardizing GBV and Child Protection (CP) messaging to ensure increased help seeking behavior and mitigate the increasing prevalence and severity of violence, advocacy and technical assistance to support increased integration of GBV response and prevention programmes as an essential component of the public health response. Partners have also been provided with the means to adapt to remote working arrangement to ensure that work and consultations could continue uninterrupted. Communications coalitions have also been formed to ensure that vulnerable populations had access to information on COVID 19. The GBV sub cluster was also activated, with a sub working group on the North Pacific, to respond to increased demand for coordinated technical resources and assistance as well as advocacy efforts. A digital platform has been established as a resource to enable South/South learning and collaboration.

Effects on protection

The pre-existing and intersecting inequalities present in the Pacific region are further exacerbated by the COVID-19 pandemic. The capacities and knowledge base of national governments and stakeholders in the region need to be adapted, supported and further strengthened to ensure that actors continue to uphold the safety, well-being and dignity for affected populations. This is particularly relevant in view of movement restrictions, challenges with accessibility to health care as well as safety and support mechanisms, dispersed and isolated Pacific populations and the economic constraints and social challenges that are associated with COVID-19. It is crucial to recognize the limitations on the capacity and resources of the affected population to be able to provide tailored support to meet protection outcomes.

The Pacific Humanitarian Protection Cluster's (PHPC) support to national governments and other stakeholders have become reliant on remote and/or online modalities of engaging with counterparts. This is particularly challenging in the region, as there are pervasive connectivity issues as well as limited resources (laptops, smartphones, credit, data etc.) amongst frontline workers within the PICs. These issues are further exacerbated by the fact that activities which are typically delivered face to face given the particularly sensitive and skill based interventions of protection programmes (Safe Spaces for women and Child-friendly spaces for children, psychosocial support etc.) are no longer able to occur due to the extended periods of movement restrictions and bans on gatherings.

Essential services are currently being limited to those responding to COVID-19. Experience globally has shown that this will adversely impact certain segments of the population, including pregnant women, migrants, IDPs and those in informal settlements, persons who need to seek medical treatment for non-COVID-19 ailments, survivors of violence, children exposed to abuse and family violence, persons with disabilities amongst others⁷. Also, the stressors associated with self-isolation and/or zonal based quarantine are highly likely to have an adverse impact on vulnerable groups. Globally, evidence indicates that the rates of violence during periods of self-isolation or quarantine will increase as well as child abuse, exploitation and neglect⁸. This is caused by an increase in stress and anxiety in the home simultaneous with weakened social protection systems and a lack of access to safety and support services during isolation, lock downs or quarantine. This is of particular concern in the Pacific given that prevalence data in region highlights that up to 2/3 of women in the Pacific have experienced intimate partner violence in their lifetimes (twice the global average)⁹. The Pacific also has some of the highest rates of violence against children – up to 80 percent experience violent discipline at home. Given the high rate of intimate partner violence, children in 2/3 of households witness violence. COVID-19-related sickness and death is likely to result in an increase in the number of children requiring alternative care to parental care, on a temporary or permanent basis, other than kinship care. People with disabilities, older people well as people with preexisting medical conditions are particularly vulnerable to COVID 19 as the disease outcomes increase in severity with age and co-morbidity factors. This coupled with isolation, lack of access to information, and limited or no basic health care services compounds their vulnerability. These trends will be expected in countries with current reported cases and countries where the state of emergency was declared as a result of the pandemic.

⁷ <https://idpjournal.biomedcentral.com/articles/10.1186/s40249-017-0375-2>

⁸ UNFPA, COVID19: A Gender Lens (2020)

⁹ World Health Organisation. Violence Against Women – Intimate Partner and Sexual Violence Against Women- Fact Sheet. <https://www.who.int/en/news-room/fact-sheets/detail/violence-against-women>

Protection cluster support to national response efforts

Activities to be implemented by the PHPC members support national protection and coordination systems by strengthening the national coordination mechanisms to: ensure front line service providers of crisis services for women and children are supported to undertake their work remotely, monitor human rights violations, ensure quality protection interventions through the provision of guidance, tools, and trainings to address the MHPSS needs of affected populations, ensure the linkages between government counterparts (health, education, social services, police, military, etc.) and community-based networks/actors as it pertains to addressing the needs of vulnerable groups, particularly women, children (girls and boys), persons living with disabilities, people with pre-existing medical conditions the elderly and members of the LGBTQI community.

Technical and coordination support has been provided to national protection clusters, committees on gender, gender-based violence (GBV), child protection, PLHIV, persons with disabilities and human rights violation as well as ministries responsible for social welfare. Interventions have included coordination support; technical assistance in the development of guidelines, tools and training packages to support adaptation of protection programmes to remote service provision; equipment and funding support to adapt to remote service provision, adaptation of multi sectoral responses and referral pathways for women and children; development of administrative data on GBV and COVID-19; strengthening on-line GBV specific crisis counselling and safe shelter, integration of protection into the public health response, including MHPSS interventions for children and women, and increased capacity of health workers and the security sector in supporting protection outcomes.

Projected Humanitarian Priority Actions until December 2020

Continuity of essential services

- Ensure continuity of essential services including sexual reproductive health, GBV response and child protection services.
- Strengthen or establish referral/coordination mechanisms between health and social welfare and ensure frontline staff are aware of these procedures for GBV and Child Protection cases.
- Increase dedicated funding in national COVID-19 response plans for domestic violence shelters and counselling services, increased support to helplines, including text services so reports of abuse can take place discreetly, online legal support and psychosocial services for women and children (girls and boys). These are services which are run, in many cases, by civil society organizations, should be nation-wide, supporting a decentralized network of social service professionals who can support women, children and families. DV shelters staff should be trained on adequate handling of children with Intimate Partner Violence (IPV) survivor mothers and under-18 IPV survivors.
- Dedicated funding to kickstart the Domestic Violence Shelters in Lautoka, Labasa and Sigatoka in Fiji, to safe shelter should be prioritized and should be designated as essential services and kept open, which may mean providing childcare to staff so they can work.
- Targeted counselling services for men to provide support for emotional health and relationship concerns for men affected by or considering using violence.
- Deliver dedicated training to relevant staff and volunteers on GBV&CP case management remote and alternative care arrangement in emergency, parental support within the COVID-19 context.
- Strengthening existing protection mechanisms and social services, including cross-borders, to identify and support persons in need of care or protection and refer them to appropriate services; e.g. alternative care, emergency support or assistance, social services.
- Support structures which enable messaging to ensure prevention of sexual exploitation and abuse and accountability of affected populations.

Protection Mainstreaming and Monitoring

- Integrate protection into multi-sector impact assessments.
- Develop a protection strategy to ensure that the dignity and rights of the most vulnerable are upheld at a time when they are most likely to be marginalized.
- Disaggregate data related to the outbreak by sex, age and disability in order to understand the gendered differences in exposure and treatment.
- Ensure localized responses which support the inclusion of participation and views in decision-making about preparedness and response to COVID-19 by different groups. This will include engaging women's networks and organizations, organizations representing LGBTQI persons, People Living with HIV (PLHIV) and disabled persons organizations.
- Disseminate information in multiple accessible formats (oral, print, sign language, easy-to-read/plain language, etc.); information should be relayed in readily understandable form and adapted for language minorities and persons with specific needs, including children, the blind, the hearing -impaired and those with limited or no ability to read; those in rural and remote areas, people in detention, prison wardens and other prison personnel.
- Assess whether emergency measures, including the declaration of states of emergency, are legal, proportionate, necessary and non-discriminatory, have a specific focus and duration, and take the least intrusive approach possible to protect public health.
- Assess whether limitations to freedoms of expression and of the press, freedom of information, freedom of association and of assembly are in line with international human rights norms and best practices.
- Where new technologies are used for surveillance in response to COVID-19, assess whether legal safeguards are in place, including purpose limitations and adequate privacy and data protections.

Risk Communication

- Promote leadership of the Ministries of Women/Social Welfare and Ministries of Health on the centrality of protection in preparedness and response including mobilization of community networks for risk communication.
- Integration of protection concerns into all risk communications and community engagement activities, including communicating with communities in a way that supports accountability of humanitarian actors in the response.
- Develop and disseminate information to help families, including children and caregivers, cope with the stress of staying home and prevent family violence.

Mental Health and Psychosocial Support

- Plan and make available safe and appropriate psychosocial support and psychological first aid services with a particular focus to vulnerable populations linguistically and culturally able to serve those populations.
- Establish partnerships with relevant actors to support delivery of non-face-to-face MHPSS services (Ministry of Information/Telecommunication, Digicel, Vodafone, etc.)
- Provision of dignity kits to support women who are survivors of violence as well as enabling women entering into quarantine access to key items to support themselves.
- Creating of MHPSS self-help tools specifically tailored for stranded migrant populations in quarantine as well as deployment of psychosocial mobile teams

Protection in the Health Sector

- Plan for the long-term access to medical regimens for those with chronic conditions and disabilities to enable continuity of care during extended crises.
- Mobilising young people and youth networks to support compliance with public health directives, particularly given the high levels of risk taking behaviour of adolescents and young people.
- Address incidents of breach of patient confidentiality, racism, xenophobia and stigma through an information campaign.
- Ensuring assessments of the barriers and the measures that are in place to guarantee safe and meaningful access to health services and to information, as well as an updated analysis on the impact of the COVID-19 pandemic and response on the protection situation within the communities.
- Assisting stranded migrants to access services and advocacy for inclusion of migrants in on-going preparedness and response plans to avoid stigmatization.

Economic Empowerment and Protection

- Ensure women's and community's access to livelihood and food security by providing guidance to local governments on planning processes for COVID 19 in markets. Working with markets to ensure COVID 19 response plans are rolled out.
- Facilitating exchange between Ministries of Agriculture and Ministries of Local Government or equivalent on getting seeds to vendors. Ensure that additional support may be available for vendor inputs if required post TC Harold.
- Procurement of additional tents for governments to expand market spaces, to ensure there is no over-crowding.
- Support Ministerial task forces to support development of women's economic empowerment and COVID 19 plans for the Ministry of Women, Youth and Children.

As data becomes available, the programme requirements for protection will further emerge and therefore protection programming will require flexible and adaptive responses. As countries design and implement different policies for moving forward with COVID-19 response and containment strategies, including a movement out of lock down, there will be an increase in stress, anxiety both as a result of isolation and uncertainty but also as a result of decreased income and concerns around food security. It is anticipated as with the experience globally, that GBV, CP and MHPSS concerns will increase and require significant support and dedicated responses. If continuity of basic services is disrupted, there will be an increase in vulnerability of people with disabilities, older people, pregnant women, children and those who will require urgent and specialist care.

Response Plan

Cluster Objectives

Objective 1 - To provide technical and coordination support to ensure protection of the most vulnerable populations including mainstreaming of protection outcomes throughout all facets of the emergency response.

Objective 2 - To ensure continuity, accessibility and scale up of quality protection services, including child protection, gender-based violence response and prevention and psycho-social support) and mitigate the protection impacts of COVID-19.

Targeted Beneficiaries

Women of reproductive age, children, adolescent and youth, persons with disability, migrants and IDPs, elderly, persons with existing medical conditions, people living with HIV, gender and sexual minorities.

Projects by location and Estimated Funding Requirements

Objective 1: To provide technical and coordination support to ensure protection of the most vulnerable populations including mainstreaming of protection outcomes throughout all facets of the emergency response.

Project Title & Description	Location	Partners	Total Funding (USD)	Funding Gap (USD)
Gender and Protection in COVID-19 – technical and coordination assistance to national protection committees/ clusters: advocacy, assessments, business continuity of protection clusters/ committees.	Regional	UN Women National Protection Clusters/ Ministry of Women and Equivalent	260,000	100,000
COVID-19 Emergency Response: Under Australian Humanitarian Partners.	Fiji	ADRA	72,000	0
Addressing disability inclusion in the COVID-19 response and recovery in the Pacific: Development and dissemination of technical guidance and advisories to partners when working with persons with disabilities.	Regional	Pacific Disability Forum	70,000	70,000
Technical and coordination assistance for development of rights-based advocacy notes, tools, online training packages and guidance (particularly in relation to MHPSS and Health systems responses).	Regional, Fiji, Vanuatu, Tonga, Samoa, Federated States of Micronesia, Republic of Marshall Islands, Vanuatu, Kiribati, Solomon Islands	UNFPA Government and CSO partners	260,000	180,000
Strengthening Diverse Women's Leadership in Humanitarian Action: Activate and resource StPC's national focal points network Initial assessment has identified the primary focus to be on Preventative Measures including the need for increased support and utilization of local communication mechanisms/outlets.	Vanuatu, Fiji, Tonga, Samoa, Solomon Islands, PNG (including Bougainville)	Shifting the Power Coalition and Action Aid	119,166.91	60,125

IOM Emergency Response for COVID-19 in the Pacific Assist migrants to access services and advocacy for inclusion of migrants in on-going preparedness and response plans to avoid stigmatization. Promotion of risk communication and community engagement Supporting public health and border management authorities with the efficient, coordinated implementation of effective COVID-19 communication strategies MHPSS self-help tools specifically tailored for stranded migrant populations in quarantine as well as deployment of psychosocial mobile teams.	Fiji, Vanuatu, Tonga, Solomon Islands, Republic of the Marshall Islands, Federated States of Micronesia, Palau	IOM	2,075,869	600,000
Total			2,857,036	1,010,125

Objective 2: To ensure continuity, accessibility and scale up of quality protection services, including child protection, gender-based violence response and prevention and prevention and psycho-social support) and mitigate the protection impacts of COVID-19.

Project Title & Description	Location	Partners	Total Funding (USD)	Funding Gap (USD)
Support to Child Protection coordination mechanisms at national and local levels. Information Education Communication for psychosocial support in relation to parental guidance and family violence prevention. Strengthening of government social services. Strengthening of community-based networks/actors.	Fiji, Vanuatu, Solomon Islands, Kiribati, Samoa, Nauru, Tonga, Tuvalu, Cook Islands, FSM, Palau, RMI (please see associated table for details on project allocations)	UNICEF Ministries responsible for social welfare	600,000	250,000
Strengthened service delivery support for GBV multi sectoral responses including multi sectoral SOPs and SOP development for health and security sectors, dignity kits, community engagement and communications, administrative data systems, training and capacity building packages including for MHPSS and safe transportation	Federated States of Micronesia, Republic of Marshall Islands	UNFPA, Government and CSOs	200,000	170,000

Strengthened capacity of health sectoral responses to identify, refer and treat survivors of violence (including MHPSS interventions) in safe spaces, development and dissemination of online training tools and guidance materials, provision of dignity kits, risk communications and community engagement including translations and administrative data systems.	Fiji, Solomon Islands, Tonga, Vanuatu, Kiribati, Samoa	UNFPA, Government and CSOs	555,000	450,000
Pacific Partnership to End Violence Against Women: Support the rollout GBV Multi-sector response and referral pathways and admin data collection for COVID; direct VAWG counselling and safe shelters; transition to tech safe mobile counselling, on-line counselling with our existing frontline service provider partners; technical content for on-line training tools and capacity on PSS, handling disclosures, GBV and COVID Response among frontline service providers, in coordination with national response plans.	Fiji, Solomon Islands, Tonga, Vanuatu, Kiribati, Samoa	UN Women, ministries of women, crisis centers and women's organizations	1,500,000	200,000
Support to People Living with HIV (PLHIV) for access to ARV and health services: 1. Antiretroviral (ARV) dispensing-continued support for multi-Drug dispensing (3-6 months) 2. Support for Telehealth interventions for PLHIV who need to remain connected with doctors.	Fiji	UNAIDS Ministry of Health	15,000	10,000
Support to continue the safe and effective operation of markets.	Fiji, Solomon Islands, Vanuatu.,	UN Women, Local Government Market Management	450,000	0 Covered under FSL cluster
Total			3,320,000	1,080,000

Total funding requirements

Total Funding Requirement (USD)	Funding Gap (USD)
6,177,036	2,090,125

Shelter

Regional impact

How has the cluster's services been directly or indirectly impacted?

With few ongoing emergency shelter responses in the Pacific Region, service delivery has not been greatly impacted but this may change as new disasters occur – such as TC Harold – where a reduced level of service delivery may result through restrictions on the movement of goods and humanitarian personnel. It is anticipated that Shelter Cluster coordination support will have to be provided remotely from Suva, into the foreseeable future. Furthermore, ongoing and future responses to the impact of natural hazards must now ensure that COVID-19 is adequately addressed in the way we support affected communities throughout the humanitarian program cycle.

How has this affected the people? Who are most affected/vulnerable?

While the physical structures in which people live or are being sheltered may not be immediately affected by the COVID-19 crisis, the physical and social conditions under which people live can have an effect on the spread or containment of the disease and how effectively people can protect themselves and their families. This will have a particular impact in densely packed urban areas, where populations living in poverty have few options and little support and risk the virus spreading quickly and widely. The needs in this regard may be significant when we consider the housing and neighborhood conditions in these urban areas, particularly in densely populated informal and squatter settlements where marginalized groups reside and where health, water and sanitation services are poor. There are also real challenges for those living in collective accommodations, where displaced populations are often sheltered. Apart from those typically most affected by COVID-19 – the elderly and those with existing medical conditions - specific groups such as homeless people, people dismissed from hospitals but who need to quarantine, those self-isolating in overcrowded households, migrants or people displaced by recent hazards or on the borders of areas under lockdown to contain cases of COVID-19 may also require emergency shelter support.

The abovementioned factors are impacting urban areas in several countries in the region, for example in Fiji, albeit on a small scale for now due to the relatively low number of COVID-19 cases.

Support for national response efforts

A dedicated Pacific Shelter Cluster coordination team is stationed in the IFRC CCST Pacific office in Suva, and continues to monitor and contribute to the development of national COVID-19 response planning processes to support national-level resource mobilization efforts for preparedness and response.

Projected Humanitarian needs until December 2020

Immediate needs

The majority of national COVID-19 response plans across the region highlight the need for construction of new health facilities, repurposing of existing structures including schools, community halls, old hospital wings, and setting up of standby accommodation (for example hotels) to support isolation and quarantine of actual and suspected COVID-19 cases. So far, these activities appear to be within the capacity of national governments led by the Ministry of Health, not requiring additional support from Shelter Cluster partners. Temporary shelter and essential household item assistance has been provided by the Government and humanitarian agencies in situations where areas affected by COVID-19 have been locked down and people displaced at the border areas, and at household-level (in coordination with the Ministry of Health) to support home quarantine/self-isolation. Currently these needs appear to remain relatively low and within the capacity of Governments, with minimum support from humanitarian agencies.

Expected scenarios over the next few months and how the humanitarian needs of the cluster are expected to evolve.

Shelter Cluster coordination and support to national governments and affected communities may become more critical if the number of COVID-19 cases escalates dramatically in any or all of the PICs, overwhelming the capacity of the healthcare system and sparking activation of the respective national Shelter Cluster and increased engagement of local shelter agencies. In this case, it is expected that additional needs will arise in the abovementioned areas.

Ongoing Response

Monitoring and contributing shelter-related inputs into national COVID-19 response planning processes, to support national resource mobilization efforts for preparedness and response. Some humanitarian partners have reported providing essential household items such as blankets and bedding to displaced individuals, in coordination with their respective national Ministry of Health (MoH).

Current Response Gaps and Challenges

- Supporting national clusters remotely: Country-level response plans not available and/or status of planning processes is unclear.
- Most country-level response plans have been drafted by the respective MoH with limited input from other sectors/clusters.
- Very few shelter clusters and partners currently engaged in preparedness and response.

Response Plan

Cluster Objectives

Objective 1 – Ensure vulnerable groups affected by the COVID-19 pandemic have access to safe, dignified and adequate shelter and essential household items assistance to support density reduction (overcrowding) and isolation in private homes and collective accommodation.

Objective 2 – Ensure shelter coordination support and technical guidance provided for ongoing shelter responses is adapted to the COVID-19 environment, with particular attention to the specific needs of vulnerable groups in dense urban settings where risk of transmission is extremely high and support infrastructure not adequate to cope with an outbreak.

Targeted Beneficiaries

- Population directly affected by COVID-19 and in need of emergency shelter and essential household items assistance.
- Population affected by natural hazards, where shelter cluster coordination support is requested.
- National governments and shelter cluster partners supported with cluster coordination services.

Projects by location and Estimated Funding Requirements

Objective 1

Project Title & Description	Location	Partners	Total Funding (USD)	Funding Gap (USD)
Support development of National Shelter Cluster and Inter-Cluster COVID-19 response plans.	Pacific region	National Governments, Shelter Cluster Leads, Shelter agencies	TBD (based on needs if any)	\$0
Support requests of National Shelter Cluster Leads (coordination & assistance) for the COVID-19 response, under the guidance of the Health Cluster.	Pacific region	National Governments, Shelter Cluster Leads, Shelter agencies	TBD (based on needs if any)	\$0
Total			TBD	\$0

Objective 2

Project Title & Description	Location	Partners	Total Funding (USD)	Funding Gap (USD)
Support coordination and provision of technical guidance (COVID-19 specific) for the TC Harold Response.	Solomon Islands, Vanuatu, Fiji	National Govts, Shelter Cluster Leads, Shelter agencies	TBC (To be mobilized through the Red Cross Red Crescent Movement)	TBD
Support coordination and provision of technical guidance (COVID-19 specific) for preparedness and future response.	Pacific Region	National Govts, Shelter Cluster Leads, Shelter agencies	TBD	TBD
Total			TBD	TBD

Total Funding Requirements

USD TBD (Funding required for Shelter Cluster coordination support to be raised through the Red Cross Red Crescent Movement)/ For further information please contact robert.dodds@ifrc.org

Water, Sanitation and Hygiene

Situation Analysis

The challenge of maintaining equitable hygiene in Pacific Island Countries

While few PICTs currently report on the SDG indicator for equitable hygiene (the proportion of the population with a handwashing facility with soap and water available at home), country data shows that the Pacific as a whole lags behind the rest of the world in access to basic water and sanitation services. Latest country data collected through the UNICEF/WHO Joint Monitoring Programme (JMP) shows that, as a whole, the Pacific has the lowest levels of access to basic water and sanitation services in the world and is the only region where the proportion of people with access to at least basic sanitation facilities has reduced since 2000.

The Pacific is, by some margin, the least urbanised region of the world, and its people experience the world's highest disparity in access to basic water between urban and rural areas. The region's significant rural and outer island populations have relatively limited access to Government and private-sector services, and for these communities drinking water, sanitation and hygiene are primarily managed at the household, village or settlement level.

Further to this, PICTs have amongst the world's highest exposure to natural hazards that can profoundly affect the capacity of communities to maintain safe hygiene practices such as handwashing. For many Pacific communities, the freshwater resources required to maintain safe hygiene are confined to shallow aquifers, streams and rainwater – resources that are highly vulnerable to the impacts of disasters such as tropical cyclones, flooding and drought.

WASH and the impact of COVID-19

The COVID-19 humanitarian situation in the Pacific region is characterized by:

- international and domestic travel and freight restrictions;
- closure of businesses (especially tourism), schools and hotels;
- overstretched healthcare facilities (tents being used as fever clinics or isolation/quarantine wards); and
- potentially profound impacts on access by the most vulnerable to life-saving basic services such as water, sanitation and hygiene (WASH) in healthcare facilities, schools and communities (including informal settlements).

The provision of safe water, sanitation and hygienic conditions plays an essential role in protecting human health during all infectious disease outbreaks, including the current COVID-19 pandemic. Government partners functioning as cluster lead and/or in coordination roles for WASH are facing reduced capacity and limited in-country resources for ensuring access to appropriate handwashing infrastructure, the availability of supplies such as soap, and securing the materials necessary for construction and maintenance of WASH infrastructure. With a relatively high turnover of staff within government and across development partners, capacity and skills for coordinating response initiatives are also limited. While numbers already facing limited access to hygienic services are unclear, overall the affected population is estimated at 1,434,220.

In Fiji, the 2017 census provides an approximate number of 300,000 as affected population. In Papua New Guinea (PNG), an estimate figure is provided for the city where there was a case at time of submitting this appeal. In Kiribati, 15 healthcare facilities, with 251 staff and serving 198,913 people, are being targeted as part of the government's response plan. In countries such as Vanuatu, Samoa, Tonga, the Republic of

Marshall Islands, and the Federated States of Micronesia (FSM), the beneficiary estimates are based on the proportion of the population with access to limited or no hygiene services, as per JMP indicators where data is available. For those countries without JMP¹⁰ hygiene data (FSM, Samoa and Tonga), total population has been used, due to the widespread nature of impact COVID is already having on these and other countries.

Existing low levels of vaccination to common communicable diseases in many countries in the Pacific is likely to be aggravated by COVID-19 due to shifted focus of government partners to COVID-19 response and contingency planning. This can be particularly the case in countries where health ministries are allocated multiple responsibilities, such as Fiji where the responding agency, the Ministry of Health and Medical Services (MHMS), is the WASH cluster lead.

Immediate WASH needs

The immediate need is to prevent spread and transmission of coronavirus among children and their families in communities, schools and in healthcare facilities, while simultaneously mitigating and minimizing the impact of the coronavirus emergency on the availability of WASH services in institutions and at homes. The response to the COVID-19 outbreak requires a multisectoral approach ensuring that improved WASH services and heightened promotion of hygiene practices are in place in schools, healthcare facilities and communities. Critical elements of the immediate WASH response include:

- **Hygiene promotion programming for handwashing with water and soap.** Hygiene promotion activities targeting households, collective vulnerable sites and public spaces are well aligned with RCCE/C4D strategies, are specific to the disease known transmission route and aim to reduce the exposure to the disease at home and in communities.
- **WASH essential services and supplies.** Appropriate and resilient water, sanitation and handwashing facilities, services and products are made available for households or areas of high incidence with vulnerable groups, exposed collective sites and public spaces. This may require measures to protect water sources from the impacts of disasters, or the establishment of supplementary drinking water sources in times of drought. *WASH in Schools* recommended measures are coordinated with the Education Cluster to ensure that they are integrated into safe school protocols, particularly for schools reopening. In coordination with the Health Cluster, health facilities including fever and isolation centres are disinfected regularly and are fully resourced with and meet essential IPC-WASH supplies requirements.
- **Coordination and planning.** Contingency, response and post disaster plans are critical to ensure coordinated and evidence-based solutions to immediate needs, as well as identification and preparation of longer-term contingencies (including for the WASH-related impacts of other disaster scenarios), particularly as 13 Pacific countries do not have any confirmed cases and have travel restrictions in place.

Expected Scenarios and Evolving Needs

7. Countries face additional and compounding disaster scenarios such as drought or the tropical cyclone currently impacting Vanuatu, Fiji and Tonga; and
8. Countries re-open their borders.

¹⁰ WHO/UNICEF Joint Monitoring Project (JMP) data, based on Sustainable Development Goals (SDGs): washdata.org/data

Given these scenarios, the maintenance and extension of basic water, sanitation and hygiene (WASH) services and behaviors is essential. In the event of a disaster such as a drought or cyclone, WASH services are likely to significantly impacted or destroyed, including locations of high reliance such as schools and in healthcare facilities.

Ongoing Response

At the national level, governments are taking a strong lead in the WASH response to COVID-19. National WASH Clusters in Fiji and Vanuatu have been activated and have held meetings. In Fiji, rapid assessments have been completed in newly established fever clinics using tents. In Vanuatu, demonstrations and installation of handwashing stations have taken place across the country including at polling stations during the elections, and in communities and in government buildings. In PNG and in RMI, National WASH Clusters have been activated and Cluster members have supported government with developing a response plan. In countries where there are no WASH Clusters, Governments have been working with development partners to develop contingency and response plans.

At the regional level, the Pacific WASH Cluster has been activated and held its first meeting on 6 April. UNICEF in the lead role has been engaging with countries to share response plans and initiate discussions around implementation and support.

Knowledge management has been enhanced through dissemination of resources through national and regional cluster platforms. National and Pacific WASH Cluster members contribute to the contingency plans of other sectors (education, gender and child protection). In Vanuatu, for example, the National WASH Cluster made a demonstration of handwashing with water and soap to a meeting of the Education Cluster.

Current Response Gaps and Challenges

For the region as a whole, current levels of Government investment in WASH is already insufficient to meet the needs of its population in ordinary times. This ultimately means that, to scale up and accelerate WASH interventions to avoid and/or contain the spread of COVID-19 in 14 countries, additional funding is required.

In addition to the funding gap, there is also a serious and increasing gap in the *availability* of materials and supplies in-country - particularly for handwashing, including disinfectant, soap and simple buckets or containers with taps. International travel and freight restrictions create challenging situations for the supply chains as well as ability to deploy technical teams locally and bring in international assistance where required.

There is also a gap in the capacity of Pacific Island Countries to respond to the water-related disasters that are a recurrent feature of the region, and which will likely have a profound impact on the implementation of COVID containment and response measures. Water security measures such as drought preparedness and the establishment of resilient supplementary water supplies can be critical to the capacity of communities to maintain hygiene practices required to mitigate COVID-19 risks.

Response Plan

WASH-related responses to COVID-19 are defined under the *infection prevention and control* pillar of the WHO Strategic Preparedness and Response Plan. The objectives of WASH interventions in response to COVID-19 are outlined below, and form the basis of the proposed WASH response plan for COVID-19:

Objective 1 – to reduce transmission by promoting healthy hygiene practices such as handwashing with water and soap in healthcare facilities, schools, marketplaces and in communities.

- Develop, review and adapt existing information-education communication materials on WASH but specific for COVID-19 for children in schools, health workers, and families at homes. The materials will be deployed on local radio and newspapers as well as social media platforms.
- Initiate partnerships with academic/research institutions to develop Pacific context specific case studies on proven techniques for triggering behavior change on handwashing with water and soap and conduct analysis and assessment scaling handwashing interventions in schools and in healthcare facilities.
- Initiate partnerships with local communities and entrepreneurs to engage in soap making or production of other essential materials for WASH.

Objective 2 – to support affected, at-risk, low-capacity and fragile countries to secure WASH services and supplies, and IPC in Healthcare facilities and sustain availability and access to WASH services in schools, households and community settings.

WASH in healthcare facilities

- Conduct training on IPC protocols in health facilities, fever and isolation centres and an analysis of existing gaps in WASH services using simplified and COVID-19 specific assessment tools, followed by the provision of hygiene and cleaning materials, while ensuring (installation of repair) water and sanitation services including handwashing facilities.

WASH in schools

- Conduct training to teachers on engaging and promoting handwashing with water and soap at schools, followed by the provision of hygiene and cleaning materials, while ensuring (installation of repair) water and sanitation services including handwashing facilities.

WASH in communities including informal settlements and public places

- Ensure access to hygiene and water at homes especially in informal settlements and in public spaces (such as marketplaces) and particular settings identified at risk in affected areas, residences for elderly/homeless/disabled persons, detention facilities, as well as IDP & refugee settlements, and other community settings.

Objective 3 – to increase coordination and response quality and capacity of national WASH coordination platforms in their efforts to prevent and/or contain the spread of COVID-19

- Provide surge capacity (contingency planning, pre-positioning supplies, information management, coordination training, monitoring and reporting).
- Develop tools and guidelines for example to ensure gender perspective and needs of persons with a disability are mainstreamed in the response initiatives.
- Provide timely operational and capacity building support to national humanitarian WASH coordination platforms.

Targeted Beneficiaries

Target beneficiaries include communities and vulnerable groups that lack access to WASH services, capacity and awareness, including:

- at homes, schools and key public spaces (such as marketplaces) to enable access to safe handwashing with water and soap at critical times; and
- health workers and patients in healthcare facilities who lack access to safe WASH facilities.

Under Objective 1, vulnerable communities and groups will be targeted through platforms such as social media, community demonstrations (where these are allowed and do not violate social distancing requirement), radio and TV campaigns. The private sector, civil society and communities themselves will be actively engaged for the activities under this objective.

Under Objective 2, health workers, patients and key government staff will be targeted through training and technical support on establishing and maintaining appropriate WASH facilities and practices in healthcare facilities, schools and households, as well as the maintenance of water security and hygiene facilities at all times through sustainable management of water resources and associated infrastructure. Development partners (such as WHO and SPC), Ministries and Utilities in respective countries, and the private sector will be substantially engaged in these efforts.

Under Objective 3, Governments, development partners, donors and UN agencies will be targeted through the Pacific WASH Cluster regional platform, which will bring the mentioned entities together on a recurring basis to enable knowledge sharing, sharing of updates on activities to enable a mapping for gap analysis in intervention needs, and joint development of tools and guidelines. UNICEF as lead of the WASH Cluster at the regional level will play a critical role in leveraging these necessary partnerships.

The figures below have been estimated based on data from national census and/or data from WHO/UNICEF Joint Monitoring report that identifies those populations with little to no access to WASH services. In cases where countries do not have relevant hygiene-related information in their census data or JMP monitoring, the entire population has been included as targeted beneficiaries.

The overall estimated affected population is 1,434,220. Segregated data (by gender and by children under the age of 18) is not yet available.

Country	Total*	Note
Cook Islands	17,560	Total population (no JMP hygiene data available)
Fiji	300,000	(Suva, Lautoka and Labasa) ¹¹
FSM	115,023	Total population (no JMP hygiene data available)
Kiribati	47,261	(South Tarawa) ¹²
Nauru	10,809	Total population (no JMP hygiene data available)
Niue	1,623	Total population (no JMP hygiene data available)
Palau	18,074	Total population (no JMP hygiene data available)
RMI	9,296	(population with limited or no access to basic hygiene service)
Samoa	198,110	Total population (no JMP hygiene data available)
Solomon Islands	391,934	(population with limited or no access to basic hygiene service)
Tokelau	1,353	Total population (no JMP hygiene data available)
Tonga	105,418	Total population (no JMP hygiene data available)
Tuvalu	11,759	Total population (no JMP hygiene data available)
Vanuatu	206,000	(population with limited or no access to basic hygiene service) ¹³
Total	1,434,220	

*Disaggregated data not yet available.

¹¹ 2017 Census from Fiji shared by MHMS.

¹² Kiribati 2015 census.

¹³ As per WHO/UNICEF Joint Monitoring Project (JMP) data, based on Sustainable Development Goals (SDGs): washdata.org/data.

Projects by Location and Estimated Funding Requirements

The budget is factored with input if shared from countries in submitted response plans; and for countries that have not submitted plans with budget, estimates are made. This can be further discussed with countries going forward. Estimate also factored in cost of past work around assessment and infrastructure, capacity building and supplies with consideration for supplies to not just respond to immediate needs but to be pre-positioned.

Objective 1 – to reduce transmission by promoting healthy hygiene practices such as handwashing with water and soap in healthcare facilities, schools, marketplaces and in communities.

WASH intervention area	Countries	Partners	Total Funding (USD)	Funding Gap (USD)
Hygiene Promotion programming	All 14 countries	National platforms in respective countries (radio, social media of respective WASH Cluster lead governments), UNICEF, WHO, and development partners	150,000	100,000
Partnerships on vulnerability/capacity assessment, behaviour change and soap making	In 8 countries with developed and approved COVID-19 response plans (RMI, Tonga/Samoa, Fiji, Kiribati, FSM, Solomon Islands, Vanuatu)	Communities, private sector, academic/research institutions, UNICEF, WHO, and development partners	500,000	350,000
Total			650,000	450,000

Objective 2 – to support affected, at-risk, low-capacity and fragile countries to secure WASH services and supplies, and IPC in Healthcare facilities and sustain availability and access to WASH services in schools, households and community settings.

WASH intervention area	Countries	Partners	Total Funding (USD)	Funding Gap (USD)
Essential WASH services and supplies	In 8 countries with developed and approved COVID-19 response plans (RMI, Tonga/Samoa, Fiji, Kiribati, FSM, Solomon Islands, Vanuatu)	Private sector/suppliers, respective WASH Cluster lead governments, water utilities companies, UNICEF, WHO, IOM, SPC, and development partners	1,400,000	1,200,000
IPC activities	All 14 countries	Government partners primarily health, UNICEF and WHO	800,000	500,000
Total			2,200,000	1,700,000

Objective 3 – to increase coordination and response quality and capacity of national WASH coordination platforms in their efforts to prevent and/or contain the spread of COVID-19

WASH intervention area	Countries	Partners	Total Funding (USD)	Funding Gap (USD)
Information / Knowledge Management	All 14	Governments, UNICEF, SPC, WHO, IOM, development partners	100,000	50,000
Capacity building including training tools & guidelines	In 8 countries with developed and approved COVID-19 response plans (RMI, Tonga/Samoa, Fiji, Kiribati, FSM, Solomon Islands, Vanuatu)	Communities, private sector, academic/research institutions, UNICEF, WHO, and development partners	400,000	300,000
Total			500,000	350,000

Total funding requirements

Total Funding Requirement (USD)	Funding Gap (USD)
3, 350,000	2, 500,000

Monitoring and Evaluation of the COVID-19 HRP

The Monitoring and Evaluation framework links to the World Health Organization -led Western Pacific Joint Incident Management Team (JIMT) COVID-19 PACIFIC HEALTH SECTOR SUPPORT Plan - Phase 2 Plan – Containment and Mitigation. It provides the cross sectoral response which will augment the health sector response.

Goal: Containment of the outbreak through the slowing and stopping of COVID-19 transmission, prevent outbreaks and spread. Mitigation of the effects of an outbreak through reducing preventable morbidity and mortality, minimising negative health, social and economic impacts and facilitating early recovery.

Cross-sectoral response activities address the social and economic impacts of the COVID-19 outbreak and facilitate early recovery

Immediate Outcomes	Activities	Indicator of Progress
PICs engage effectively with cluster level and inter-cluster coordination mechanisms.	<ul style="list-style-type: none"> - Remote and in-country support to sectoral COVID-19 action plans and business continuity plans to protect critical infrastructure and maintain essential services. - Provide support to government-led clusters /coordination mechanisms for deployment. 	# PICs with national COVID-19 plans for health sector response.
PICs maintain logistics pipelines and facilitate the movement of humanitarian supplies and personnel.	<ul style="list-style-type: none"> - Provide guidance on the safe movement of surge staff and cargo. - Monitor commercial supply chains, sea freight and air freight, and advocate as required against closures and/or restrictions. 	
PICs maintain vigilance around the unintended economic impact of the COVID-19 response.	<ul style="list-style-type: none"> - Monitor health costs / out of pocket health expenses. - Monitor impact of diverting health sector resources to COVID-19 response on endemic disease epidemiology, mental health, child protection concerns, GBV and other signals of system stress. 	

	<ul style="list-style-type: none"> - Monitor impact on tourism, trade, micro and macro-economic impacts (livelihoods, food security, employment, access to social services) with focus on marginalised populations. 	
<p>PICs are ensuring Protection of vulnerable people is at the heart of all programmatic responses to COVID-19.</p>	<ul style="list-style-type: none"> - Address protection concerns for vulnerable groups (women, youth, children, LGBTQI community, sex workers, homeless people, persons with disabilities, people living in poverty and informal settlements, migrants/IDPs. - Mobilise women’s groups, NGOs, civil society, community-based organisations and volunteers to support home care, quarantine facilities, health lifelines and welfare. - Provide targeted information on how to access reproductive health services and supplies for women in home quarantine. - Monitor the media and hotlines that address GBV and child protection concerns for early intervention. 	

Financial requirements

Funding requirements of the PHT COVID-19 HRP are estimated at **US\$35,340,557** of which **US\$19,008,721** is currently unfunded. They are estimates based on the potential impact of COVID-19 if it spreads further in the Pacific. They are above and beyond what has already been prioritized in the Western Pacific Joint Incident Management Team (JIMT) COVID-19 PACIFIC ACTION PLAN FOR HEALTH SECTOR PREPAREDNESS & RESPONSE Phase 2 Plan, covering the additional humanitarian needs provoked by the pandemic. It is essential that additional funds are mobilized and not diverted from responses direct to PICs.

PHT COVID-19 HRP funding is addressing needs identified by countries for partner support and will be further consulted with partners countries in the Pacific, as the war on COVID-19 unfolds. In agreement with Grand Bargain commitments, both existing and new donor funding should maximize flexibility (across the board rather than project by project) to enable rapid adjustments of the response that will be necessary in such a fast-evolving crisis. Whenever they are best placed to respond, this funding should be allocated as directly as possible to local and national actors.

Cluster	Requirements (USD)	Funding Gap (USD)	Notes
Education	4,438,081	3,548,656	
Emergency Telecommunications	535,000	433,000	
Food Security	12,967,000	5,358,000	
Health	-	-	See JMT Phase 2 plan
Nutrition	1,018,440	1,018,440	
Logistics	6,855,000	6,558,000	
Protection	6,177,036	2,090,125	
Shelter	-	-	Red Cross Movement funding
Water, Sanitation and Hygiene	3,350,000	2,500,000	
Total (USD)	35,340,557	19,008,721	

Funding for the COVID-19 Pacific HRP will be complementary to the financing instrument that has been launched by the UN Secretary General to support a coordinated UN multi-sectoral response to end COVID19 transmission and help countries and their economies recover from the pandemic. This fund focuses on critical actions to tackle the public health emergency, address the socio-economic impact and the economic response and recovery, and help countries recover better. This initiative will promote and leverage the coherence of the UN system in line with the UN Development System Reform Agenda and the 2030 Development Agenda, at the nexus of humanitarian, recovery and development action. It will be inspired from the 2014-17 Multi-Partner Trust Fund for the UN Ebola Response. RCs will play a central role to ensure the complementarity of the different plans and sources of funding.

The financing requirements of the COVID-19 Pacific HRP are directly allocated to the clusters participating. The Health cluster's response is reflected in the Western Pacific Joint Incident Management Team (JIMT) COVID-19 PACIFIC ACTION PLAN FOR HEALTH SECTOR PREPAREDNESS & RESPONSE Phase 2 Plan – but its nutrition component is contained in the PHT plan. Additional details on budgets will be provided in individual or collective project proposals to donors.