

Protection Cluster Response in Samoa

Lessons Learned

I. Introduction

On 29 September 2009 a powerful earthquake occurred off the coast of Samoa generating a tsunami to form and hit the south coast of Samoa causing the deaths of 143 people, and injuries to 310 people, as well as massive destruction of the environment, property and infrastructure. Data from the Ministry of Health (MoH) suggests that mortality patterns are consistent with global patterns of young children, older persons, and women being disproportionately represented.

In response to the impacts of the tsunami, the Pacific Humanitarian Team (PHT) rolled out the cluster system under the leadership of the Resident Coordinator (RC) in Samoa. Seven clusters were established: Health, WASH, Logistics, Information Management, Education, Early Recovery and Protection. In consultation with UNICEF and UNHCR, OHCHR took the lead on protection and deployed a team of two staff members from their regional office in Suva to Apia to coordinate the protection cluster and to promote protection as a cross cutting issue to be mainstreamed into other clusters' planning and implementation.

This was the first time that the Cluster system was formally activated in the Pacific and therefore reflections on Protection Cluster processes and actions are important. The Samoan experience provided some valuable lessons learned on resource constraints, coordination, institutional gaps, and structural weaknesses. The following analysis is based on contributions from cluster members. Lessons learned will inform the continued work of follow-up activities in Samoa as well more general considerations for future support from the regional level Pacific Humanitarian Protection Group (PHPG) to national level protection clusters.

The cluster system was rolled out complementing and supporting the Samoan Government that quickly responded to the crisis. Samoan communities mobilised and assisted very quickly through any means – giving clothes, helping build temporary shelters, assisting extended families through sharing their home etc. The Samoan NGOs very quickly assisted the Protection Cluster to help identify the most vulnerable groups and ensure they were included in relief assistance. NGOs provided a substantial relief to many survivors of the Tsunami despite their limited institutionalised capacity and like them many others including people assisting in the hospital and Church based organisations.

Bilateral donations from Australia and New Zealand comprised the bulk of external assistance.

II. Samoa Background

The Samoan National Disaster Management office (NDMO) is situated within the Ministry of Natural Lands and Environment (MNRE). Their work is supported by

the National Disaster Act 2007 and they have developed the National Disaster Management Plan 2006-2009 which identifies the lead ministry/group for each sector involved in the relief, response and recovery of an emergency. In support of this document each sector was required to develop their own emergency plan, e.g. Health, Education, Infrastructure, WASH, Utilities, Logistics, Search and Rescue, Community Welfare, Information Management, and Impact Assessment.

There are several UN offices resident in Samoa; UNDP (covering 4 Pacific Island states), WHO (covering 4 Pacific Island states), UNESCO (covering seventeen Member States in the Pacific region), FAO (covering the whole Pacific), Department Staff Security (3 staff members), UNICEF/UNFPA Office in Samoa (1 staff member), WMO (1 staff member), and ILO (one project manager). The Resident Coordinator is supported by three staff members. The RC is the Designated Humanitarian Coordinator during an emergency and she was responsible for overall coordination of the UN agencies as well as the IASC agencies once the Cluster System was activated.

III. Establishing the Protection Cluster

Regional Level

At the onset of the emergency in Samoa, the PHPG was still at loosely knit group of protection mandated and interested UN agencies and international NGOs with scattered presences in Fiji, Australia and New Zealand. The Group had been meeting regularly to agree on how to operationalize, however, the PHPG had yet to meet to agree on terms of reference, including the key issues related to response capacity. As a result protection was not discussed in initial PHT meetings in Suva following the onset of the emergency. The PHPG was scheduled to meet during the PHT meeting scheduled for 14-16 October but postponed due to the emergency in Samoa. In the absence of any formal agreements on or analysis of response capacity, as previously stated UNICEF, UNHCR and OHCHR jointly agreed that OHCHR should take the lead broadly on protection issues in the Samoa Protection Cluster.

Because the PHPG has not established an operational framework for protection responses in emergencies, including the appointment of protection focal points, list of protection partners etc, the cluster lead agency OHCHR was faced with a situation of having to spend time to identify protection actors and forge working relations in Samoa. In order for the PHPG to be relevant at the national level, a system needs to set up to provide regional level staff with necessary pre-established contacts and protection focal points, protection tools, and clear terms of reference that include clarifying logistical, administrative and operational support in country.

National Level in Samoa

The Protection Cluster in Samoa was composed of OHCHR leading on broader protection issues, UNICEF and Save the Children leading on child protection and psycho-social support, UNESCO, Samoan Red Cross, like Samoan Victim Support Group (SVSG), SUNGO and Mapusaga o aiga (MOA) leading in local knowledge and support. Government partners included the Ministry of Women, Community and Social Development MWCSD.

The Protection Cluster faced challenges in connecting with relevant ministries but managed on the last day of its existence, with the support of the RC's Office, UNICEF and UNESCO staff to meet the MWCSO. MWCSO staff conveyed to the Protection Cluster that they had not been adequately informed about the cluster system and its implementation in Samoa for them to determine the best way to be involved. Ministry officials were very cooperative and acknowledged the important lessons the UN and the Samoan Government have learned for any future situations that would warrant the roll-out of the cluster system.

The Protection Cluster held its last official meeting on 8 October. Cluster members will follow up on protection concerns during the early recovery phase as instructed by their individual agencies – specific activities are listed below under Samoa Specific Next Steps.

III. Protection Cluster Activities in the Four Focus Areas

The Protection Cluster identified four key areas of focus: 1) Displacement - durable solutions 2) Access to services and equal distribution of relief items 3) Child protection and psycho social support, and 4) Mainstreaming.

1. Displacement - Durable Solutions

Figures from the NDMO and the Red Cross indicated that more than 3,500 people were displaced by the tsunami, this figure was later updated through a Ministry of Health Assessment that estimated more than 5,000 people were displaced. Most people sought refuge on higher ground and established temporary shelter under tarpaulin and tents distributed by humanitarian actors. A significant number of people took shelter with extended families outside of the immediately affected area. Finally, a significant number of people took refuge at the temporary shelter that Samoa Victim Support Group (SVSG) provided. Due to the proximity to the National Hospital of Samoa in Mototua, most of the people residing at this shelter had family members hospitalised or seeking treatment at the hospital.

Almost the entire affected population, and some families fearful of staying by the coast whose residences were not destroyed, fled from their damaged villages into their plantation land, which was located on elevated grounds bordering the coastal areas. Almost all displaced families owned plantation land. Some families already had small 'fales' in their plantations before the tsunami to which they have moved. The SVSG shelter housed extended families and three unaccompanied minors whose family members/guardians were hospitalised due to the tsunami. In total over 120 men, women and children stayed at this shelter – various elderly and discharged patients were also being taken to Mapuifagelele Nursing Home that is managed by the Little Sisters of the Poor for further care. SVSG through its limited capacity found it hard to attain information on the people residing in this shelter and shared this information with DMO and the Red Cross.

Those living in emergency shelters under tarpaulins or tents, are now faced with the imminent rainy and cyclone season. Some of the affected have moved to host families and only a small number of families whose houses were destroyed stayed in their original village sites, mainly to prevent looting which was a concern in a number of locations. Some families started soon to establish traditional houses

(fales) or other temporary shelter by salvaging materials from their destroyed homes or with the support from relatives in Apia or abroad. Families who were not directly affected by the impacts of the tsunami considered moving further inland. Some individual families expressed a preference to move back to the coast.

The Protection Cluster lead agency (OHCHR) participated in the early recovery assessment and highlighted protection concerns, including those of displaced populations to ensure that durable solutions are in line with the IASC Guiding Principles on Internal Displacement, and concerns around gender and groups with special needs, for inclusion into the design and implementation of the assessment.

The Protection Cluster worked with the Early Recovery Cluster on a survey to determine immediate needs, as well as medium and long-term needs and plans of the affected population. On 7 and 8 October, a week after the tsunami hit, three teams were deployed to the affected areas to conduct the survey and OHCHR staff participated in two of the teams. Due to time constraints and inadequate awareness of protection principles among the Early Recovery team, protection issues were not properly identified and documented. The Early Recovery Team was responsive to input and suggestions from the Protection Cluster but it would be mutually beneficial to explore ways to institutionally integrate protection into the Early Recovery Framework as it applies generally in the Pacific region.

Due to the displacement of most of the affected population, there will be a need to develop a project to monitor over time the disaster displacement in Samoa and the success of durable solutions. Experience from 'natural' disaster situations in Asia and the Pacific suggest that assumptions cannot be made on preferred options for displaced persons (return, settlement elsewhere, or local integration) and that much more information on the motivations and decisions making factors by those displaced is needed to be able to offer affected populations strategies that will eventually lead to durable solutions. Return/settlement elsewhere/local integration options in Samoa are likely to be sustainable when Internally Displaced Persons (IDPs) feel safe and secure, with no further risks posed by the effects of a natural disaster; they have been able to establish residence in their preferred place, repossess their properties or homes, and these have been adequately reconstructed or rehabilitated, or they have received compensation for property lost/damaged; and they are able to return to their lives as normally as possible, with access to services, schools, livelihoods, employment, markets, etc. without discrimination.

Without proper registration or profiling, the needs of IDPs are difficult to assess and complicates equal access to relief assistance. The registration system in Samoa was not clear and to the knowledge of the Protection Cluster no registration of IDPs took place following the tsunami in Samoa. Generally among national as well as international stakeholders, the identification and protection of persons displaced by the tsunami represented a major gap in the preparedness and response to the impacts of the tsunami.

As previously mentioned the registration of families and children at the SVSG shelter in Apia will be followed up by UNESCO Apia Office to try to track the more vulnerable families that may not have extended family support and see how they can be supported during the early recovery phase.

2. Access to services and equal distribution of relief items

Anecdotal evidence suggests that there were complaints of unequal distribution of relief items during the emergency phase. In particular, there were concerns about the fact that all aid had to go through the DMO warehouse to the Red Cross or to the village chiefs. Although in principle this was a good system, in practice it slowed the response somewhat and checks and balances were not in place to ensure adequate targeting based on need when distributions were conducted through village chiefs. There were allegations that some village chiefs were providing aid disproportionately to members of their own families.

Most of the relief was being distributed to the affected areas without clear and concise channels of distribution. The SVSG shelter and extended families looking after hospitalised their members at the hospital had great difficulty attaining aid and when it was received it was in an ad-hoc manner. The hospital staff and a member of the psycho-social group approached SVSG to assist with the growing number of family members (tausi mai) staying at the hospital usually sleeping outside in the corridors and blocking entry paths – SVSG tried to support but their capacity was also limited by the space at their shelter. No government agency or organization apart from SVSG (who have kept very limited records) tried to record information about these displaced people many of whom have since moved on from the hospital to unknown locations.

3. Child Protection and Psycho Social Support

The Government psychosocial taskforce was set up during the week following the emergency, including Ministry of Health (MOH), National Health Services (NHS), MWCSO, Ministry of Education, Sports and Culture (MESC), Samoa resident NGO's and church groups as well as groups arriving into the country to assist. This rapid setting up of the government led psycho social taskforce was a credit to all the groups involved and showed that the individual ministries/groups can all work together when needed. The organisation of this key area in the cluster was focused around the UNICEF and Save the Children members attending the task force meetings and keeping in close contact with the leaders of the teams travelling into the field.

Save the Children and UNICEF took on the responsibility for both psycho social support and child protection and worked closely with the Psycho Social Taskforce.

Their major activities included:

- Training sessions on psychosocial support of children following disasters with local non-government organizations (NGO's), Mapusaga O Agia (MOA), then with other partners such as Ministry of Women, Community and Social Development (MWCSO), and other groups.
- Information sheets were prepared to ensure common messaging and consistency in approach and circulated among all groups doing the psycho social support work in the field. The translation of key messages into Samoan language at a time when rapid response is needed could have been avoided by preparing the messages before hand and ready for immediate dissemination.
- Distribution of the UNICEF Recreation Kits (sent to Samoa immediately following the disaster). Included two trips into the affected areas (with UNICEF funded car and driver), and briefings with school principals and teachers on psycho social recovery including messaging around reactions being

normal and resilience. The Psycho Social Taskforce was also given the same briefing so they would be responsible for the distribution and briefing for the kits left with them.

- Child protection issues were discussed with the MWCSO who is the focal point for children and child protection in Samoa. A specific training seminar was prepared on child protection in emergencies but not carried out in the end due to the scheduling of other meetings at the time set.
- Child Protection in emergency issues was included in a short term planning document by the MWCSO which UNICEF will continue to support in the recovery phase.
- A communications strategy was prepared (together with the UNICEF communications officer from NZ National Committee) to counteract the potential for increased violence and exploitation which is a concern following disasters.
- Distribution of a child protection code of conduct amongst international agencies so that they could communicate this to local staff and local organisations could be made aware of the expected behaviour of international organisations and more influence could be exerted to ensure this was a standard for all people working in the community. This had limited success but time did not allow more to be done.

It was somewhat apparent that some government ministries and local NGOs were not completely aware of what the Cluster system was and how it would work. Therefore it was initially difficult for the Child Protection and Psycho Social Team to make contact and be accepted into the government systems. The UNICEF Child Protection programme and its already established working relationship with the MWCSO assisted greatly in gaining entry, attending and assisting with the psychosocial taskforce as it was working towards going into the field to the affected areas. This can be further developed and enhanced through the UNICEF funded Child Protection programme to include activities at all levels to deal with Child Protection in emergencies.

There is still a need to follow up with the psychosocial taskforce to assist with their early recovery plans.

4. Mainstreaming

The cluster distributed protection checklists to other clusters as well as other IASC protection tools and guidance material, including the IASC Code of Conduct to humanitarian actors. The protection cluster reminded all to adhere to the Code of Conduct as well as other IASC guiding principles.

Mainstreaming challenges were mainly related to the lack of preparedness, lack of monitoring due to physical absence in the field, and resource constraints of the protection cluster. The OHCHR team did not arrive with mainstreaming material at hand and this took up time to identify relevant mainstreaming material and printing. Most other clusters showed interest in and took seriously the protection cluster material and calls for protection to be integrated into their respective activities, however, the protection cluster was not resourced to ensure that this was happening in practice. The protection cluster provided support to the Early Recovery Cluster, in particular on integrating protection of displaced persons and durable solutions into the Early Recovery Framework. Although this was only partially successful, it

highlighted the need for Early Recovery activities to be more in line with established protection principles and the need for Early Recovery agencies to participate at the regional level in the PHPG.

V. Conclusions and Key Lessons Learned

With the Samoan experience being the first time the cluster system has been rolled out in the Pacific and the first time there has been a focus on broader protection issues in any emergency response the region, the Protection Cluster learned valuable lessons for next steps in Samoa as well as for broader regional application. Staff from UN agencies and international NGOs overcame initial confusions about the cluster system and collaborated successfully to place protection on the agenda of the IASC response.

Lessons Learned:

- The Protection Cluster did not adequately explore analysis of vulnerability and registration with relevant government and NGO partners.
- The IASC decision to try to reflect immediate needs in the Early Recovery assessment and not do more rapid assessments in the humanitarian relief phase is considered a major gap in the response as it was very difficult to identify needs and gaps and hence develop planning documents within the key areas.
- Protection Clusters need to have a toolkit available with guidelines, manuals, standards etc on protection, including material available on mainstreaming protection into other clusters.
- Future country-level contingency planning exercises must identify (and preferably include) Ministry counterparts responsible for engaging with the Protection Cluster.
- Use of in-country UN staff is critical to support the efforts with local knowledge. This may vary from country to country depending on field presence and capacity.
- Building relationships with local NGOs is also important as they may have in some cases more capacity than the Government.
- Capacity and awareness on broader protection issues need to be strengthened at the country level.
- Staff deployed through the PHPG to work within the protection cluster should be able to remain in country 2-4 weeks or as appropriate.
- There was no standard template for end of mission reporting and handover to national stakeholders.
- Guidance on making Protection Cluster activities sustainable beyond the lifetime of the cluster is needed.
- Contact with donors indicated a lack of understanding of protection and how this is integrated into emergency responses and a lack of understanding of practical applications of principles of 'good donorship'. Donations from bilateral donors such as NZAid and AUSAID did not appear to be accompanied with guidance on how donations should be spent in order to comply with international 'Principles and Good Practice of Humanitarian Donorship'.

- Links between the PHPG and national level protection actors were not established prior to the emergency. The PHPG should include in TOR a clear focal point system, as per globally designated focal point agencies or as determined by the PHPC, to clarify roles within the cluster, including focal point on psycho-social support.

VI. Recommendations

Government and IASC:

- i. With support from the PHPG, review the Government national disaster management plan to ensure protection is well integrated and to identify protection partners within their key areas.
- ii. Relevant Government counterparts and local NGO's given support to develop their disaster management plans to include preparation and response plans in regards to the key areas under the Protection Cluster. A review of where children fit into the National plan and sector plans was done earlier this year (Gibbs, M. 2009, Think Children) and its clear that children's issues are not included in the plans. The National and sector plans are due for a review this year so it is a great opportunity to assist in the writing of the new plans to include children (including child protection) issues and of course the broader protection issues.
- iii. The UN country teams (resident in the country) ensure that their emergency response plan document is linked to the other relevant documents (e.g. national plans, IASC documents), that it identifies procedures for coordination, communication, identifies focal points for specific areas and/or clusters/sectors.
- iv. OCHA to develop and distribute to government counterparts material to explain the Cluster system and how it supports their own national and sector plans. Government to ensure awareness of the cluster system within all relevant ministries.
- v. Placing the psycho social working group under the Health Cluster working well in the tsunami response but for future responses in the region it should be kept in mind that the emphasis on the health aspect of psycho social concerns carries a risk of focusing on clinical counselling as opposed to more resilience orientated responses that the Protection Cluster would favour.

PHPG:

- vi. The Pacific Humanitarian Protection Cluster develop a regional interagency preparedness and response plan (based on lessons learnt) and country based interagency plans (based on national plans). Including TOR, framework, tools and number of staff required for each key area, reporting tools, identifying country focal points etc.
- vii. Relationships are developed between the PHPG, its national protection focal points and members of government and local NGO counterparts to improve response when arriving into country.
- viii. Staff deployed from the regional level to national level protection clusters are briefed before entering country or immediately upon entry (if not already aware due to the preparation work completed) on which agencies are resident in country and what

support they can offer during a time of response and therefore what they need to bring into the country such as sim cards, phones, printed material etc.

- ix. Identified focal points in each country receive capacity building within their areas.
- x. Capacity building of Red Cross on protection issues and data collection.
- xi. Engage with donors on capacity-building for strengthening donor protection awareness and application of protection principles in donations, including principles of accountability and non-discrimination.

Samoa Specific Next Steps (4 key areas)

- i. OHCHR has developed a concept note on monitoring post-disaster displacement in the Pacific starting with a pilot project in Samoa. Initial discussions have taken place with MWCSD and they are interested in taking part through their community, women, children and youth mandates.
- ii. The on-going UNICEF funded Child protection programme supporting the Government of Samoa Action Plan for Children, include in its annual work plan emergency preparedness planning in regards to all issues to do with child protection in emergencies. This has begun with the Child Protection regional workshop in Nadi 2-6 November and the 2010 annual work plan has emergency preparedness activities at all levels beginning in January 2010.
- iii. The UNICEF funded Child Protection Baseline/Stocktaking Research due to begin soon include a section on the emergency and how the recent response was received and how it can be improved. Discussion has begun with the National Researcher regarding this and they will include an emergency section in their research plan, to be completed by the end of this year, and the research to begin Jan 2010.
- iv. UNICEF and UNESCO continue a dialog with the government led Psycho Social Taskforce to explore possibilities for capacity building of NGOs on psycho social support. Even though the urgent need for psycho social support has been identified in several reports since the emergency this group seems to have been left aside in many of the on-going discussions on planning and allocation of funds. There is an urgent need to make further follow-up with this Taskforce to identify their needs, gaps and providing assistance in filling these gaps.