

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
VANUATU  
RAPID RESPONSE  
CYCLONE 2015**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Ms. Osnat Lubrani**

## REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

An AAR was organized and chaired by OCHA on behalf of the Resident Coordinator (RC) through the Pacific Humanitarian Team (PHT) on 19 January 2016. The lessons learning exercise was attended by PHT members, recipients of CERF funding and others. Representation was from UNICEF, WHO, FAO, UNFPA, IOM, WFP, the UN Resident Coordinator's Office, UNDSS and OCHA. Similarly, the Government of Vanuatu convened a two-day workshop on lessons learnt from response to TC Pam on 24 and 25 June 2015 in Port Villa, Vanuatu. This was also attended by UN agencies, the International Red Cross Red Crescent (RCRC) Movement, I/NGOs and donors.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: USD 37.7 million		
Breakdown of total response funding received by source	Source	Amount
	CERF	5,038,408
	COUNTRY-BASED POOL FUND ( <i>if applicable</i> )	N/A
	OTHER (bilateral/multilateral)	21,800,000
	<b>TOTAL</b>	<b>26,838,408</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 26 March 2015			
Agency	Project code	Cluster/Sector	Amount
UNICEF	15-RR-CEF-041	Education	484,041
IOM	15-RR-IOM-013	Shelter	446,376
WHO	15-RR-WHO-012	Health	600,334
WFP	15-RR-WFP-029	Common Telecommunications	150,000
WFP	15-RR-WFP-028	Common Logistics	481,500
UNICEF	15-RR-CEF-040	Health	324,948
UNFPA	15-RR-FPA-013	Health	231,436
UNICEF	15-RR-CEF-039	Water, Sanitation and Hygiene	907,914
FAO	15-RR-FAO-016	Agriculture	211,375
WFP	15-RR-WFP-027	Food Aid	1,200,484
<b>TOTAL</b>			<b>5,038,408</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	US\$ 392,4542
Funds forwarded to NGOs for implementation	US\$ 867,271
Funds forwarded to government partners	US\$ 246,595
<b>TOTAL</b>	<b>5,038,408</b>

## **HUMANITARIAN NEEDS**

Tropical Cyclone (TC) Pam struck Vanuatu on the evening of 13 March with a request for international assistance delivered by the Government of Vanuatu on 14 March. Vanuatu is a country of more than 80 islands with a projected population of 270,000 people. The Category 5 cyclone caused widespread damage across all six provinces of the archipelago – Malampa, Penama, Sanma, Shefa, Tafea, and Torba. A state of emergency was officially declared on 21 March covering all affected provinces, including the capital, Port Vila. An estimated 166,600 people were affected by the cyclone of which approximately 82,000 were children, making the cyclone one of the worst disasters ever to hit the Pacific region. Eleven fatalities were reported while close to 4,000 people were living in the 30 evacuation centres on the main island of Efate. Shefa and Tafea were the hardest hit provinces. In Tongoa, Emae and Erromango Islands, up to 90 per cent of shelters were destroyed while in Tanna, 50 per cent were destroyed. Roads were made impassable due to debris. Water and food were identified as the most urgent needs for affected people. Additionally, populations spread across Tafea, Shefa, and Malampa provinces had little or no immediate access to basic food items, and the rapid loss of assets occurring as a result of the cyclone hindered the ability of households to purchase these goods on the market.

Vanuatu has a functioning national disaster response capacity and together with local authorities the National Disaster Management Office (NDMO) was responsible for leading the response, with country level support from the Vanuatu humanitarian team (VHT) and regional support from the Pacific Humanitarian Team. A United Nations Disaster Assessment and Coordination (UNDAC) team was deployed for three weeks to support the NDMO and the VHT in information management, assessments, resource mobilization and civil-military coordination. In addition to the pre-existing clusters, the Government-led working groups focus on the following issues: information management and assessment, Internally Displaced Persons, emergency telecommunications, infrastructure and distribution planning. Australia, Fiji, France, New Zealand, Solomon Islands, Tonga and the United Kingdom sent military assets which, with the support provided by the Vanuatu Mobile Force and Police Patrol Boat, proved critical in the initial response phases. The Logistics Cluster processed 103 requests to use those assets from more than 20 humanitarian organizations. In spite of constraints in logistical access and challenges in terms of baseline data accuracy, the Government of Vanuatu led and coordinated the humanitarian effort. A number of positive achievements were reported.

The government developed a three-month Humanitarian Action Plan (HAP), which included the priority response areas of health, Shelter, WASH, Health and Nutrition, Education, Gender and Protection, Emergency Telecommunications, and Food and Agriculture with an overall budget of US\$ 13.5. The Vanuatu TC Pam Flash Appeal was launched on 24 March and requested US\$ 29.9 million. The Clusters revised the Strategic Objectives set out in the Flash Appeal based on the results of the Second Phase Harmonised Assessments. Therefore, building on the Flash Appeal and hitherto response, the Humanitarian Action Plan requested the US\$ 13.5 million in addition to the already US\$ 16.4 received through the Flash Appeal.

## **II. FOCUS AREAS AND PRIORITIZATION**

The Government of Vanuatu mounted an initial response as soon as TC Pam had passed in order to quickly provide water, food, shelter and health interventions throughout the affected population. Supported by the United Nations Disaster Assessment and Coordination (UNDAC) team, the NDMO organized and conducted Initial Joint Rapid Needs Assessments in collaboration with UN agencies and NGOs partners deployed in response to the emergency. These assessments, based on NDMO developed key informant and visual assessment based methodology, confirmed the following main humanitarian issues: Lack of safe drinking water, Insufficient access to food, need for emergency shelter, need for medical facilities and supplies and insufficient access to affected people. These assessments were followed by in-depth sectoral assessments, where necessary, that further identified needs.

A second-phase harmonized assessment was conducted by the government with the WASH cluster support from 1 to 8 April 2015. Twenty-five government-led teams assessed 23 islands in Shefa, Tafea, Malampa, Penama and Torba. The teams assessed humanitarian needs across a number of thematic areas including WASH; Shelter; Health and Nutrition; Education; Gender and Protection; and Early Recovery and Livelihoods. Key findings for WASH indicated that 68 per cent of rainwater harvesting catchment structures were broken, 70 per cent of wells were contaminated and pipe water systems were damaged. Of the households surveyed in the assessment, 57 per cent had less than three litres of drinking water available per day. Water quality testing outside of Port Vila indicated that all sources were below WHO standards and that 53 per cent of households were not treating water. Fifty-nine per cent of households indicated that they expected a shortfall of water within a month.

Due to damaged sanitation facilities, open defecation increased dramatically after the cyclone. Thirty per cent of the communities reported people openly defecating compared to 2.5 per cent of rural households openly defecating as per data from DHS 2013. In most of the above reported results Tafea province rated most poorly, followed by Shefa, Malampa and then Penama.

Based on the harmonized assessment, a number of WASH activities were prioritized for CERF support, including:

- Emergency water supply by water trucking and shipping;
- Emergency repairs to water systems;
- Rehabilitation of water sources;
- Provision of household water treatment and safe storage supplies;
- Water quality testing;
- Provision of WASH and dignity kits;
- Provision of safe water, sanitation and hygiene facilities in temporary learning spaces and schools; and
- Dissemination of WASH-related information.

The geographical focus for WASH-related activities implemented with CERF funding was mainly on Shefa and Tafea province, with some support to Malampa province, where the greatest need was identified through the initial damage assessment and confirmed through the second-phase harmonized assessment.

Critical infrastructure was destroyed and food security severely affected, as well as the productive sectors including agriculture, livestock, fisheries and forests. Agriculture makes up a significant proportion of household income in Vanuatu, with over 71 per cent in rural areas identifying that it was significant for household income generation. Among agriculturally active rural households, subsistence agricultural income continues to be a more important source of household income than commercial agricultural sales. The CERF provided immediate assistance to re-establish food security in communities affected by TC Pam. It achieved this by supporting households with agricultural inputs to resume agricultural production, as well as teaching food preservation techniques for households to rapidly preserve food supplies. In the capital Port Vila, typically households consume fresh produce purchased at local markets or supplies sent by extended family on the outer islands; or grown in backyard gardens or plots, to supplement store bought foods. These systems were severely damaged by the cyclone, as access to markets was disrupted and supply from the outer islands also cut off.

It is estimated that TC Pam damaged at least 50 per cent of education facilities, affecting over 30,000 children enrolled in early childhood education (ECE) centres, primary and secondary schools across the five most affected provinces of Penama, Torba, Malampa, Shefa and Tafea. There was a critical need for targeted children to access psycho-social support provided by teachers/ caregivers and through the provision of safe and secure learning environments to promote the protection and well-being of students and meet their psycho-social needs. Schools will facilitate the recovery and resilience of children relating to aspects of psychosocial trauma many children are facing in the affected provinces. These traumas have to be urgently addressed in order to reduce long term impact on the development of pre-primary, primary and secondary school children.

According to the 2013 Demographic and Health Survey (DHS), nearly 90 per cent of births in Vanuatu are delivered in a hospital or health facility and 75 per cent of mothers receive antenatal care from skilled providers. Vanuatu has one of the lowest immunization coverage rates in the Pacific (39.7 per cent in Tafea and 66.9 per cent in Shefa, according to UNICEF 2014 microplanning exercises), and the health infrastructure is weak, with nearly 40 per cent of health facilities without adequate or functioning cold chain equipment for vaccines. Almost one in three children are chronically malnourished in Vanuatu, indicating long-term nutritional deficiencies and inadequate infant and young child feeding (IYCF) practices. While the impact of the cyclone resulted in a limited number of casualties and injuries, its impact on the health system was huge. There was widespread destruction of aid posts, dispensaries and health centres in both urban and rural areas. Of the health facilities that continued to function, many lacked appropriate space, equipment, medical supplies and staff, further impacting the delivery of essential maternal, reproductive and child health services and the management of diseases such as diarrhoea, which are more prevalent when access to clean, safe water and sanitation is limited. The cyclone also destroyed crops and disrupted both livelihoods and the retail sector. This decreased food availability and intake (quality and quantity), negatively impacting the nutritional status of children and women, particularly pregnant and lactating women who have higher nutrient and energy requirements. Vanuatu is now experiencing the effects of the El Niño weather phenomena, leading to a drought situation, which is worse in cyclone-affected areas. With limited access to safe water, reduced food intake, limited household cash flow, diminished access to health care and challenges to adequately promote, protect and support optimal IYCF practices, the nutritional status of young children and mothers has been further deteriorating.

Health interventions were carried out by WHO, UNICEF and UNFPA.

UNICEF focused its interventions in the worst affected provinces of Vanuatu (Shefa, Tafea, Torba, Penama and Malampa). Given their pre-cyclone vulnerability and the fact that they are disproportionately affected by disasters, children and women were targeted with a number of high-impact life-saving health and nutrition interventions:

- Implementation of measles vaccination campaigns, along with the provision of vitamin A and deworming tablets: Vanuatu experienced a measles outbreak several months prior to TC Pam and the country continues to have sporadic suspected cases. With one of the lowest immunization coverage rates in the Pacific (39.7 per cent in Tafea and 66.9 per cent in Shefa according to UNICEF 2014 microplanning exercises), measles vaccination campaigns were needed protect children from deadly or debilitating diseases.
- Replace and/or repair damaged cold chain equipment in affected health facilities: TC Pam caused widespread destruction of aid posts, dispensaries and health centres. As much as 60 per cent of existing cold chain equipment were destroyed or damaged. Restoring and increasing cold chain capacity was essential to support immunization campaigns to protect children from deadly or debilitating diseases.
- Build capacity in infant and young child feeding (IYCF) practices for pregnant and lactating women/caregivers.
- With water and food security severely compromised following the cyclone, and with almost one in three children chronically malnourished in Vanuatu, nutritional counselling and support was needed to avert moderate and severe acute malnutrition (SAM).
- Support the provision of emergency health services and essential maternal and new-born care: with the damage caused by TC Pam, some women and children were prevented from accessing life-saving services as facilities were not functioning and/or adequately equipped. Ensuring that health facilities were adequately stocked was critical to ensuring that mothers and new-borns survived and thrived.

WHO focused its efforts on the following areas:

- Contain excess mortality, morbidity and disability related to the impact of the TC Pam on the affected population.
- Ensure health care services were continuously provided among mothers and new-borns, patients with communicable and non-communicable diseases.
- Expand and strengthen the national surveillance and early warning systems for early detection, investigation of and response to epidemic prone diseases. Conducted public health interventions in areas with poor water and sanitation.

UNFPA ensured continued access to reproductive health services for over 56,000 women within the reproductive age group and over 6,000 pregnant women at the time of the cyclone. Specific focus was on the following:

- Supply of Reproductive health and relevant medical kits.
- Support Reproductive Health and Gender Based Violence (GBV) outreach and meet basic hygiene needs of pregnant and lactating women as well as young men and women.
- Support to women's safe spaces and information centres.
- Provision of technical expertise to support ongoing provision of maternal health services and family planning through provision of midwives to work within the maternity unit.

WFP's Vulnerability Analysis and Mapping (VAM) Unit, in partnership with NDMO, mobilized rapidly in the first two weeks of the response to conduct an assessment of impact in areas within the cyclone's path. Prioritization of affected areas on a severity scale of 1 (most affected) through 3 (least affected) indicated that vulnerability was most acute among beneficiaries living in Tafea, Shefa, and Malampa provinces. Collectively, these priority areas accounted for over 85 percent of the WFP beneficiary population in need of food assistance – areas with a high number of subsistence farmers and the highest levels of damage to agriculture.

WFP originally targeted 57,300 beneficiaries in priority islands of Tafea, Malampa and Shefa provinces to assist for 2.5 months. The target caseload was based on 2009 census data. However, as actual distribution figures were reported from the field during the first two weeks of the emergency, the number of affected people increased to 70,000 people.

WFP provided common services in support of the entire humanitarian community as lead agency for both the Logistics Cluster and the Emergency Telecommunications Cluster (ETC). Under WFP's leadership, the Emergency Telecommunications Cluster (ETC) augmented the capacity of the NDMO to communicate effectively with disaster-affected areas and the humanitarian community. The ETC rehabilitated data networks, provided common data connectivity services in common operational areas provided, and trained UN agencies and NGO staff in digital communication. The ETC played a key role in coordinating the humanitarian response by providing equipment to facilitate communication between the islands and establishing satellite communication data services in support of the Government of Vanuatu and the Vanuatu Humanitarian Team.

WFP, through the Logistics Cluster and in conjunction with the Government of Vanuatu, worked across sectors to ensure that food, relief items and non-food items from the shelter, WASH, and health clusters, were delivered to affected islands. Pipeline management for NDMO-led food operations was also provided by WFP to support the government-led response.

Initial rapid assessments (IRAs) conducted across all six provinces following the cyclone showed that the damage to agriculture had been severe and extended to all aspects - cash crops to subsistence level. In some areas, destruction of fruit bearing, other tree types and a high portion of home vegetable gardens had been destroyed. Root crops, a staple food for most rural households as well as the population of urban Port Vila, had sustained damage; but there was potential for preservation of some crops with rapid intervention. While the rural population traditionally depends on use of own seeds, exchange of cuttings etc., the level of devastation was such that a limited input replacement was required.

Damage was most severe across the islands further south due to the path of the cyclone, with the eye passing close to the islands in Malampa, Shefa and Tafea provinces. The Food Security and Agriculture Cluster (FSAC) identified a total of 22,800 households to be targeted for seed distributions across these provinces. At the time of the submission of the CERF project proposal a portion of the immediate fast growing seed requirements had been met, with a critical shortfall of seeds, for 9,090 households, to be met by the project's activities, across the islands of Paama, Ambrym, Epi, Tanna and Tonga.

Prior to distribution of CERF funded seeds, some vulnerable households already received seeds from various donors. To avoid duplication of activities, the FSAC was consulted on the most appropriate areas to further receive seed distributions. Based on the FSAC advice urban and peri-urban Port Vila, having been devastated by the cyclone (but not receiving any seed donations) was selected as the revised target population. Additionally, the implementing partners distributed seeds to some of their rural communities on the islands:

- Act for Peace distributed seeds while working with all fourteen communities on Tonga and two communities on Ambrym;
- Oxfam Australia distributed seeds to seventeen communities on Epi and two communities on Efate;
- The Ministry of Education and Training (MoET) provided support with distribution of seeds to all 38 boarding schools/rural training centres (RTCs) across the affected islands of the provinces of Malampa, Shefa and Tafea, as the FSAC advised that schools in the worst affected areas should not be overlooked when it comes to support such as the distribution of agricultural inputs;
- Lastly, the Department of Agriculture and Rural Development (DARD) distributed seeds in the Torres Islands, following a request as extension officers were travelling to Torba province, the most northerly islands also affected by TC Pam.

This combined effort meant that agricultural inputs were provided to the worst affected provinces, rural and urban. As such, this project met the immediate needs of households and equipped communities to be able to restore agricultural production following the devastation of TC Pam.

### **III. CERF PROCESS**

Immediately following Vanuatu Government's request for assistance, humanitarian partners were mobilized through the Pacific Humanitarian Team (PHT) coordination mechanism in support of national cluster arrangements and working groups, supported by the Vanuatu Humanitarian Team (VHT). There was a general agreement there was a need to CERF application for immediate lifesaving activities. This was further endorsed at a meeting of PHT partners held on 17 March and partners were informed that a CERF funding request was under consideration and that this should be taken into account when discussing underfunded priorities in respective cluster discussions. PHT clusters worked with national counterparts and working groups and jointly developed the Humanitarian Action Plan (HAP) that was endorsed by the government. This plan built on and replaced, the Flash Appeal launched on 24 March, and is based on the results of the Second Phase Harmonized Needs Assessment.

Vanuatu's WASH Cluster, led by the Directorate of Geology, Mines and Water Resources (DGMWR) and supported by UNICEF as co-lead, identified priorities in consultation with WASH Cluster members. These were identified in the Flash Appeal in close collaboration with other clusters and guided by NDMO and UNOCHA. All negotiations and the prioritization of activities were conducted through the WASH Cluster forum, with DGMWR guiding the process. Inter-cluster meetings verified the inputs and the direction set by the WASH Cluster.

Priorities for education were in supported community resiliency through psychosocial support and facilitating children's quick return to normalcy and schooling. The interventions were identified and prioritized as part of the Education Cluster, which was activated to address the disaster situation. The process was carried out with the support of Pacific Humanitarian Team (PHT), Vanuatu Humanitarian Team (VHT), Office for the Coordination of Humanitarian Affairs (OCHA) and UNICEF staff within country, regional and sub-regional offices.

The Food and Agricultural Organization of the United Nations (FAO) consulted with the FSAC, the main coordinating body for the sector. This relationship was of particular significance when selecting target communities and prioritizing activities. This was not only at the proposal development stage, but also during implementation, reviewing and revising the target communities. Seeds donated by other donors arrived and were distributed prior to the arrival of the CERF funded seeds, covering communities that were also the original target of the CERF project. Rather than duplicating this activity, the FSAC consulted with other donors to decide target areas that had not been provided seeds to re-establish their gardens but had been heavily affected by TC Pam.

The two implementing partners, Act for Peace and Oxfam Australia, were consulted during project development and throughout the implementation. The implementing partners were contracted through a Letter of Agreement (LOA) to oversee part project implementation and monitoring; changes to the target areas were reflected by an LOA amendment. Consultations and coordination activities were also undertaken with DARD, with whom FAO has close and long-standing working protocols to support seed distributions and provide technical guidance to the recipients of agriculture inputs. The seed distribution had no specific gender focus; all households were to receive agricultural inputs in the target areas in order to restore food security. Blanket distributions were common practice by NGOs post TC Pam, for other items such as emergency food supplies and non-food items (NFIs), as well as for the seeds in order to provide large scale relief. The trainings in food preservation were open to either gender, but women in particular, given their role in food preservation, were targeted, with 88 per cent of the participants female on Tongoa and 79 per cent on Ambrym.

Within 24 hours of TC Pam hitting the country, Vanuatu's Ministry of Health (MoH), UNICEF, WHO and other partners met to discuss initial assessments through the health and nutrition cluster. The MoH led the discussions around the preliminary assessments and urgent action required. Within 72 hours, a two-week plan of action was drafted to support the MoH with the most critical health issues. The health and nutrition cluster supported the MoH to prioritize interventions in the Flash Appeal, in close collaboration with other clusters and guided by the National Disaster Management Officer (NDMO) and UNOCHA.

The second Phase Harmonized Assessments at the community level in the five most-severely affected provinces of Shefa, Tafea, Malampa, Penama and Torba revealed that a high proportion of health facilities were damaged. All but seven remain partially (19) or fully (45) functioning. The provision of health services decreased in all sectors of health care delivery, in particular in the general clinical services and in the child health ones. Additionally, the overall impact on the capacity of the health services to deliver curative and preventive services, in a very fragile health system with a low level of health staff particularly in regards to medical doctors and midwives before the cyclone, was significant.

#### IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR <sup>1</sup>									
Total number of individuals affected by the crisis: 188,000									
Cluster/Sector	Female			Male			Total		
	Girls ( $< 18$ )	Women ( $\geq 18$ )	Total	Boys ( $< 18$ )	Men ( $\geq 18$ )	Total	Children ( $< 18$ )	Adults ( $\geq 18$ )	Total
Education	28,715	1,255	<b>29,970</b>	30,518	865	<b>31,383</b>	59,233	2,120	<b>61,353</b>
Shelter	4,494	4,180	<b>8,674</b>	3,165	3,922	<b>7,087</b>	7,659	8,102	<b>15,761</b>
Health	49,913	70,220	<b>120,133</b>	49,943	60,329	<b>110,272</b>	99,856	130,549	<b>230,405</b>
Common Telecommunications	N/A	N/A	<b>N/A</b>	N/A	N/A	<b>N/A</b>	N/A	N/A	<b>N/A</b>
Common Logistics	N/A	N/A	<b>N/A</b>	N/A	N/A	<b>N/A</b>	N/A	N/A	<b>N/A</b>
Water, Sanitation and Hygiene	10,196	12,904	<b>23,100</b>	9,412	12,988	<b>22,400</b>	19,608	25,892	<b>45,500</b>
Agriculture	11,507	12,407	<b>23,914</b>	12,392	12,388	<b>24,780</b>	23,899	24,795	<b>48,694</b>
Food Aid	15,092	22,638	<b>37,730</b>	15,708	23,562	<b>39,270</b>	30,800	46,200	<b>77,000</b>

<sup>1</sup> Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.



## **BENEFICIARY ESTIMATION**

For the agriculture, beneficiaries were estimated based on the combined effort of the Department of Agriculture and Rural Development (DARD), Ministry of Education and Training (MoET) and the two implementing partners Act for Peace and Oxfam Australia. Act for Peace conducted seed distributions across all fourteen communities on Tongoa, as well as two further communities on Ambrym, reaching a total of 3,314 beneficiaries. Likewise, Oxfam Australia followed a similar process for seventeen communities on Epi and two rural communities on Efate, reaching a total of 5,189 beneficiaries. The MoET distributed seeds to 38 boarding schools and RTCs across the worst cyclone affected islands in the provinces of Malampa, Shefa and Tafea, with 6,633 students enrolled at these institutions benefiting from this action. FAO with support from DARD, reached an estimated 33,038 beneficiaries across urban and peri-urban Port Vila, with DARD distributing seeds to a further 520 beneficiaries in the Torres Islands. This combined effort meant an estimated total of 48,694 beneficiaries were reached (the breakdown based on sex and age was calculated using proportions from the 2009 census). Trainings in food preservation were also facilitated by Act for Peace, reaching 3,187 people. These were conducted in communities that the NGO also performed seed distributions, so are already covered by the above total of 48,694.

For water, sanitation and health, data from the 2009 national census was extrapolated to 2015 and the proportion of the population affected was estimated from the track of the cyclone (excluding the more resilient urban areas that were reported as less affected). Reporting of the number of beneficiaries reached utilized UNICEF's Humanitarian Performance Monitoring (HPM) Toolkit, with disaggregation to the village level and by sex. Indicators for UNICEF's HPM were selected in line with the CERF proposal and partners' self-reported data. To avoid double counting, field monitoring staff conducted spot checks at the household and community levels on all islands where UNICEF supplies were delivered and activities conducted. Smartphone technology (Akvo FLOW) was utilized to record the delivery of supplies and completion of activities, noting any areas of duplication. Projections from the 2009 census were often off by more than 50 per cent. Based on the actual survey results, UNICEF and its partners in CERF implementation prioritized the higher number of affected people in Shefa and Tafea over the lesser-affected areas of Penama and Malampa. Blanket distributions by the Food Security Cluster established more accurate and up-to-date figures that were shared with each sector and cluster.

For the activities targeting children under 5 years of age, population data from the 2013 DHS were used to estimate the gender split of the beneficiaries (51.3 per cent boys and 48.7 per cent girls). DHS 2013 data were also used to estimate the gender split for activities targeting children under 18 years of age and adults. Some of the activities implemented by UNICEF targeted only pregnant women so they were directly reported as adult women beneficiaries. To estimate the number of beneficiaries for emergency health services and maternal and neonatal care, data about the population of catchment areas where the supplies were placed in health facilities was used and then a gender split was calculated based on DHS 2013 data.

For reproductive health related activities undertaken through the partnership of UNFPA, Ministry of Health and partner NGOs (such as Action Aid, Save the Children, Vanuatu Family health Association and Vanuatu Association of NGOs) estimated 13,369 women and young girls were reached through the clinics, maternity units, evacuation centres and general communities in the affected provinces.

Based on the MISP calculator and 2013 DHS and 2009 census data of the four most affected provinces, and the Vanuatu National Survey on Women's Lives and Family Relationships, the beneficiaries estimates were arrived at. However it can now be concluded that there are discrepancies in these estimates when compared to the actual beneficiaries reached. These are based on a couple of factors:

- Documentation by some of the NGOs who undertook activities in recording those reached, data was not disaggregated by sex or age. Only total numbers were registered by recording their names, whilst other NGOs depending on their nature of activities actually recorded names and sex and age, for example; those that came through the Women's Information Centres.
- Because NGOs implementing activities had different mandates, activities could have happened in same communities, with recording the same number of people participating in different activities

Following the onset of the disaster, food assistance was prioritized by the NDMO and affected populations on the hardest hit islands. WFP addressed urgent food needs of critically-affected and isolated populations in disaster-stricken areas through close collaboration with local (island) authorities in multiple locations, through a network of key humanitarian partners. In response to immediate needs, general food distributions were prioritized based on the locations most dependent on subsistence farming, estimated agricultural crop losses and household resilience. The WFP food ration, which consisted mainly of rice, canned fish and noodles, reflected the Government's desire to ensure equity in the food packages for similar affected populations regardless of location.

Food was procured in local and regional markets, however, the Government's preference was to import food rather than strain local food stocks. To that end, WFP procured small quantities of food locally to avoid serious supply chain gaps while the bulk of food purchases came from Fiji and the elsewhere in the region.

Local island managers and NDMO worked closely with WFP and cooperating partners to coordinate and distribute food to beneficiaries. This arrangement helped to build the capacity of government staff to prepare for the next disaster. WFP also played an active role in ensuring that island managers were able to get to distribution locations on time and with the resources needed to facilitate the distribution process at the field level.

**TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup>**

	<b>Children (<math>&lt; 18</math>)</b>	<b>Adults (<math>\geq 18</math>)</b>	<b>Total</b>
<b>Female</b>	49,913	70,220	120,133
<b>Male</b>	49,943	60,329	110,272
<b>Total individuals (Female and male)</b>	<b>99,856</b>	<b>130,549</b>	<b>230,405</b>

<sup>2</sup> Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

## **CERF RESULTS**

The CERF funded interventions were life-saving with main focus on prioritized food, Shelter, health, nutrition, access and WASH needs of the affected people. Through CERF funds, the avoidable morbidity and mortalities were averted enhancing the existing disease surveillance and outbreak response system. The damage of health facilities and shortage of medicines in the affected areas was largely resolved due to the quick disbursement made possible through CERF funding.

Over 45,500 cyclone-affected people benefitted from the WASH-related emergency response interventions, meeting the target. A total of 6,832 households were provided with access to sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene, exceeding the target of 6,500. Beneficiaries were reached through the shipment of emergency water and the establishment of water points for collection. Emergency repairs were carried out on a number of water systems through the deployment of desludging pumps, generators and tanks, and the provision of water filters and water purification tablets. Water quality testing was conducted at both source and system level, with verification at household level. Records show that 8,000 households were reached with WASH and dignity kits or a WASH kit, made up of appropriate locally-procured materials, meeting the planned target. The intended activity to distribute tarpaulins to temporarily ensure privacy in toilets and WASH facilities was largely not conducted due to the availability of local materials for immediate temporary repairs.

A total of 45,500 people, including children and women, received critical WASH-related information to prevent child illness, especially diarrhoea, meeting the planned target. Messages were provided through multiple means, including interpersonal communication, a radio programme, pocket-sized booklets distributed to households and health care facilities, and a mobile phone text message campaign.

In schools, 1,678 students were provided with access to WASH facilities, lower than the planned target of 2,000 students. While 84 per cent of the target was met, 16 per cent of the targeted students were not reached due to a decision to serve smaller kindergartens with fewer students. Some interventions benefitted kindergartens that do not receive formal government grants and have much lower standards of infrastructure.

Across the target areas, cyclone affected households have restored food security and resumed agricultural production. This was achieved with the assistance of the agricultural inputs provided by CERF as well as trainings provided in food preservation and crop production, and the construction of community nurseries/demonstration plots. Dwarf bean, squash/pumpkin, sweetcorn, watermelon, papaya and cucumber seeds were distributed to nearly 50,000 beneficiaries (see Beneficiary Estimation section for a breakdown). This met the immediate agricultural needs of those that had not yet received agricultural inputs. This supported beneficiaries to re-establish their gardens after TC Pam, and exceeding the ambitious target of 45,450. Providing technical guidance and support proved more difficult as there were such a large number of beneficiaries receiving agricultural inputs across different islands and areas. However, technical leaflets were handed over with seeds to most households. This reached an estimated 29,507 people, and approximately 42,061 received some form of support (whether in the form of technical leaflets, contact with an agricultural officer or training on seed distribution and technical advice on the seeds given).

Food distributions were required to support households across the affected provinces in the initial months after the cyclone. Such communities were reliant on imported rice, noodles and tinned fish to supplement their diets, having seen their own gardens destroyed. Despite the recent dry spell and the slow onset El Nino event, households are now becoming less dependent on imported goods, having made use of the agricultural inputs to recommence the planting, raising and harvesting of their own fresh produce.

Trainings in food preservation led by a food preservation expert and facilitated by Act for Peace, were held for all 14 communities on the island of Tongoa, as well as for two on Ambrym. All 16 of these communities received a solar dryer concluding the trainings, having learnt construction and management skills. This meant a total of 3,187 beneficiaries, exceeding the 2,500 target, were now able to preserve food, as they had access to a solar dryer as well as community members who are able to pass on their skills and knowledge in its use and other preservation techniques. Following trainings, community members were able to preserve food supplies utilising their solar dryers.

Two nurseries were constructed by Act for Peace, one each on the islands of Tongoa and Ambrym. These will be utilised by communities to raise seedlings to further supply their gardens and continue growing fresh produce. Trainings in crop production were held around these nursery sites, demonstrating planting techniques to support households in creating productive gardens. Similarly Oxfam Australia established five demonstration plots in a community on Efate, where training was provided on good planting practices.

In conclusion, an estimate of 8,000 households and 38 schools were reached through the activities of this project; a large number of those in the three worst cyclone affected provinces of Malampa, Shefa and Tafea. The distribution of seeds gifted by other donors meant that many households that were planned for targeting had to be revised, in order to make the activities affective and avoid duplication. As a result, the majority of the households where food security was improved via the activities were urban or peri-urban rather than rural. Whilst not part of the original objective, this was following the advice and recommendation of the FSAC, targeting the households whose needs were the greatest that had yet to be met.

With CERF funds, UNICEF supported education interventions in two of the most affected provinces in Vanuatu: Shefa and Tafea, targeting approximately 12,000 children (8,000 in ECCE centres and primary schools; 2,000 in temporary learning spaces; 2,000 in secondary schools; and a limited number of out-of-school children), 1,250 teachers and 480 caregivers and service providers (police, village chiefs, village community workers, village women leaders, village youth leaders and NGO workers).

To address the psychosocial needs of children, UNICEF collaborated with Vanuatu's Ministry of Education and Training (MoET) in the organization of a workshop to develop materials for young children and parents, focusing on the provision of psychosocial support and disaster risk reduction (DRR). A group of illustrators, teachers, writers and disabled people produced eight books and 10 posters for children under 8 years of age. A 'Tips for Teachers' book and a student workbook were also produced to help teachers address children's psychosocial needs and DRR. The children's books and DRR messages were field tested and used in the orientation of 20 master trainers. In total, 486 early childhood and primary teachers (including 400 females) received orientation on psychosocial support in Malampa, Shefa and Tafea provinces. More than 950 children (including 459 girls) benefitted directly from attending these orientations. In addition as a result of the orientation session with teachers 8,282 (including 4,011 girls) pre-school children as well as 30,574 primary school children (including 14,832 girls) now have access to psychosocial support. In addition, 250 sets of the storybooks were printed and distributed to ECCE centres and families, benefiting approximately 2,490 young children.

Psychosocial support was also provided through collaboration between the Ministry of Youth and Sports Development and Training (MOYSDT) and UNICEF, reaching 7,277 children (including 3,592 girls) in Tafea, Shefa, Malampa and Penama. MOYSDT supported access to safe spaces and orientation for children on psychosocial support, peer education and DRR, including play and learning activities. Peer education training was provided to adolescent boys and girls to enable them to reach out to their peers and expanding the scope of psychosocial activities to include the creation of drop-in centres in selected communities, the organization of sporting activities, and a children's festival in Tanna. In addition 1,272 service providers, including teachers, faith based organizations and youth leaders (including 561 women), were trained by MOYSDT in child protection in emergencies and psychosocial support. These service providers organized activities to promote psychosocial support in their communities, including structured play and recreational activities, resumption of cultural activities and traditions, and the promotion of individual and collective ways of dealing with stress. In addition, CERF funds supported sport and play activities targeting 13 primary schools on Tanna, Efate, Emae, Ambrym, Pentecost and Makira. Service providers were also trained on how to conduct referrals of any child or adolescent showing signs of prolonged changes in behaviour or trauma to the Ministry of Health.

The unseen nature of psychosocial wellbeing and the lack of baseline data was a constraint in gathering data on the psychosocial wellness of children and families. The utilization of proven international strategies – contextualized to the local social and cultural situation – has been crucial to addressing psychosocial wellbeing. These strategies include the promotion of long-term and regular activities while the situation in affected communities

becomes normalized, mitigating psychosocial distress and providing long-term healing. The early delivery of psychosocial support activities has also been crucial in both the prevention of and response to psychosocial distress.

TC Pam created a highly challenging situation in which it was difficult to operate. MoET prioritized emergency support to primary and secondary schools, providing limited support to ECCE centres. With CERF support, UNICEF was able to make a significant contribution to affected ECCE centres. In Tafea province UNICEF provided 98 ECCE centres (65 per cent of all damaged centres) with emergency supplies, such as tents for temporary learning spaces and early childhood development (ECD) kits, benefitting 3,353 young children (including 1,618 girls). Similar support was provided to eight ECCE centres in Shefa, benefitting 347 children (including 171 girls). However, more support for the ECCE sub-sector is needed to ensure that children three to five years of age will be able to benefit from ECCE centre-based services again.

TC Pam also severely impacted primary school education. In Shefa province, 122 classrooms in 46 primary schools (55 per cent of all schools) were severely damaged or completely destroyed, affecting 2,916 children and their teachers. UNICEF provided temporary learning spaces and education in emergency supplies, including temporary learning spaces, school-in-a box kits and recreation kits, to 32 primary schools (70 per cent of affected schools), benefitting 4,012 children (including 1,944 girls). In Tafea province, 225 classrooms in 70 primary schools (96 per cent) were severely damaged or destroyed, affecting 8,475 children and their teachers. Nearly all primary schools in Tafea received support from UNICEF; 7,190 children (including 3,554 girls) benefitted from temporary learning spaces, school-in-box kits and school recreation kits.

One of the key challenges faced was related to the limited number of Vanuatu Education Cluster members who could immediately respond to the emergency and provide assistance to schools. This was also the case within the Gender and Protection Clusters, with limited partners with experience in psychosocial wellbeing. Though UNICEF distributed all of its pre-positioned supplies immediately, it was not enough to meet needs. Additionally, it was clear that MoET lacked experience in handling such a large emergency and there is a great need to build the capacity of senior education officials on education in emergencies and cluster coordination.

UNICEF's CERF-funded interventions in the health sector focused on emergency life-saving activities, including implementation of measles vaccination campaigns, provision of essential health supplies, ensuring the delivery of appropriate new-born care, and provision of nutritional counselling. UNICEF reached out to the most vulnerable women and children in provinces that were worst affected by TC Pam with the following services:

- 1) **Emergency measles campaign:** In partnership with the MoH, Save the Children and World Vision International, UNICEF was able to reach 24,336 children 6-59 months of age with measles vaccination, vitamin A supplementation to improve resistance to disease and albendazole for deworming. In the immediate aftermath of the tropical cyclone, UNICEF worked with the MoH to provide these interventions in the city of Port Vila, moving to other parts of Efate province and into Shefa province (zones 1, 2 and 3) as access improved. The initial target of reaching 10,000 children within 10 days of the cyclone was achieved, with funding from CERF used to mobilize vaccination teams, (vaccines were already positioned in Vanuatu prior to the cyclone).

In late March, UNICEF expanded the response, enabling the campaign to reach children in the southern islands hit by the cyclone. UNICEF partnered with Save the Children to carry out emergency measles vaccination campaigns in Sanma province (zones 1-4, 8 and 9), and partnered with World Vision to carry out similar activities in Tafea province (zones 1-4). Children in Tafea and Sanma provinces also received rubella vaccination due to the scale up of the measles-rubella vaccine. The original target for the measles campaign was based on immediate needs assessments and estimated populations. The target was later refined to address the urgent need for measles vaccination in the country. Funding from both CERF and other donors, coupled with UNICEF's contracting of additional NGOs to support the vaccination campaigns, enabled a greater number of children to be reached with these life-saving interventions.

- 2) **Cold chain equipment:** With the widespread damage to existing cold chain equipment, one of the main priorities for UNICEF was to ensure the functionality of the cold chain to ensure that vaccines could be stored properly and remain effective. The initial response was to repair equipment as much as possible. Teams were immediately deployed after the cyclone to access and repair cold chain equipment. A total of nine sites were repaired sufficiently to support the roll out of the measles campaign.

The second phase, which was supported by both CERF and other donors, was to replace and install new equipment for sites in which the existing equipment was either unable to be repaired or for locations that did not have existing cold chain capacity. With resources from other donors, existing sites have also been upgraded to better withstand natural disasters. The original target for this activity was based on preliminary assessments and did not cover all locations that were later found to be affected. As further

assessments were completed, the target was refined to address the extensive damage to cold chain infrastructure. CERF funding covered the replacement of equipment at 15 facilities rather than the originally projected five sites.

- 3) **Infant and young child feeding (IYCF):** A total of 6,700 mothers, caregivers and pregnant/lactating women in Efate, Tafea, Shefa and Sanma provinces received IYCF counseling during community awareness sessions. Village health workers used information, education and communication (IEC) materials to promote exclusive breastfeeding up to six months of age and the addition of complementary food thereafter. During antenatal visits, pregnant women received IYCF counselling from a nurse aid or midwife. Additionally, village health workers visited households to screen children 6-59 months of age for malnutrition and to counsel mothers on healthy foods, hand washing, micronutrients and micronutrient powders (MNP), as well as water and sanitation.

During the measles campaigns, 6,390 children 6-59 months of age were also screened for malnutrition. A total of 41 SAM cases were referred from the communities and health facilities to Northern Provincial hospital (NPH), which has skilled nurses and supplies to provide in-patient services.

- 4) **Essential health services and newborn care:** Much of the MoH's supplies were destroyed when storage warehouses were damaged by the cyclone. With CERF funding UNICEF provided essential drugs, equipment and commodities to health centres, hospitals, dispensaries and the Central Medical Store. For instance, CERF funding was used to equip 196 health aid posts with first aid kits so village health workers could manage basic health needs in the communities.

With CERF funding, UNICEF also procured new-born care kits to support the provision of essential maternal and new-born care to ensure safe births and new-born survival. The original targets did not include the beneficiaries of the new-born care support but rather the number of products procured. The original plan was to procure nine newborn care kits. It is important to note that the new-born care kits are not a ready-made product and that the kit produced did not cover as many people as was originally expected. Since the unit cost was much lower than initially estimated, 70 new-born care kits were procured to ensure that the same number of intended beneficiaries was reached. The distribution of the kits is provided in the table below. All of these health facilities are equipped with new-born kits and the health staff trained on use of the kits.

With extensive damage to health facilities, some sites were limited in their ability to provide antenatal and obstetric care. CERF funding was used to procure three portable solar suitcases equipped with a foetal Doppler, enabling health staff to identify high-risk deliveries for referral and attention. The suitcases were issued to health facilities in three provinces with resident skilled nurses and midwives.

With CERF funding; UNFPA with the support of the Fiji Ministry of Health was able to provide the services of 18 retired midwives from Fiji to support the delivery of maternal health services at the Vila Central Hospital's Maternity Unit. The Fiji midwives worked for a total of 2 months allowing local midwives to take some well-deserved break to support response to their individual households and recuperate from extended hours of work immediately after the cyclone period. The months of May to July are peak period for deliveries at the Vila Central hospital with the highest deliveries recorded between May to July, ranging from 250-300 deliveries a month. The availability of the additional services by the Fiji midwives assisted in maintaining the quality of services provided to the women and new-borns.

Delivery kits and dignity kits for women along with some medical equipment were also procured through UNFPA support funded by CERF. The Central Medical stores worked closely with the Reproductive Health sub-cluster to draw up distribution plans for these kits including training of staff for their use which was carried out by UNFPA technical teams in Penama and Malampa. Save the Children facilitated the distribution of the Dignity kits for women in rural communities of the outer islands/provinces.

The Women's Information Centres provided a one stop shop for women whereby they could access information at the same time, information they provided was analyzed and provided to NDMO who in turn directed to the relevant clusters for action.

Despite technical support provided to the Vanuatu Humanitarian Team by the Pacific Humanitarian Team, there were some clear national capacity gaps during the emergency response. The limited gender technical capacity in country somewhat affected the effective delivery of gender related services under emergencies and upon the departures of the international specialists. Local recruitment initiated did not succeed in identifying a qualified person as required by the required terms of reference so there is a real need to build capacity in this area for continuity and sustainability of response programmes following such humanitarian crises.

## **CERF's ADDED VALUE**

**a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?**

YES ☒ PARTIALLY ☐ NO ☐

One of the most important aspects of the CERF funding was that funds were available from the date of the emergency. This enabled UNICEF to respond quickly to the most immediate needs on the ground without having to worry about the source of funding. With support from CERF, UNICEF was able to have specialists immediately on the ground to support the emergency response. This enabled more than 10,000 children to receive measles vaccination, vitamin A supplementation and deworming within three weeks of the cyclone. It also enabled the procurement and shipment of the most essential products needed by the MoH within days of the cyclone, enabling health facilities to continue to provide services to those injured and/or in need of care. The procurement of solar suitcases allowed the early identification of high-risk pregnancies.

For the WASH Sector, UNICEF's WASH response dispersed CERF funding primarily through Small Scale Funding Agreements (SSFAs) with eight implementing partners, including ADRA, the Butterfly Trust, CARE, the French Red Cross (FRC), International Medical Corps (IMC), Oxfam, Save the Children Vanuatu (SCV), and the Salvation Army. In addition, UNICEF provided cash to ADRA, CARE, FRC, IMC and SCV. The average time from the proposal to the start date of CERF-funded activities by partners was 36 days. The fastest activities started within three days of receipt of CERF funds. UNICEF applied new contractual tools and arrangements (through simplified procedures established by the organization globally for large-scale emergencies) to speed up the response and the delivery of funds and supplies.

CERF funding was approved at a very critical stage as high vulnerability and food insecurity prevailed in TC Pam affected areas. The funding enabled FAO to respond to the agriculture related needs, allowing cyclone affected households to resume agricultural production and improve household food security. Some delay in the assistance was caused by the prior arrival of seeds donated by other donors. This meant that many of the areas to be targeted originally with CERF funds had already received agricultural inputs, and required revision in order to avoid duplication.

In addition to the change in target areas, lack of building and solar supplies available in stock in Port Vila needed for construction of dryers further caused delays in the provision of solar dryers. However, sixteen communities were still able to benefit from these trainings before the closure of the project.

In Education, CERF funds enabled early implementation of psychosocial activities, which reduced stress and supported the return to normalcy for children and families. Caregivers and service providers, including teachers, were equipped with skills to promote psychosocial wellbeing and activities supported children's return to school.

These funds enabled UNICEF to respond quickly to the most immediate needs on the ground without having to worry about the source of funding. With support from CERF, UNICEF was able to have specialists immediately on the ground to support the emergency response. This enabled more than 10,000 children to receive measles vaccination, vitamin A supplementation and deworming within three weeks of the cyclone. It also enabled the procurement and shipment of the most essential products needed by the MoH within days of the cyclone, enabling health facilities to continue to provide services to those injured and/or in need of care. The procurement of solar suitcases allowed the early identification of high-risk pregnancies.

CERF funding was critical in reaching 70,000 people in urgent need of food assistance. Specifically, 55,800 affected people were reached with rations consisting of both rice and tinned fish purchased with this funding, in addition to commodities purchased through other funding sources and by the Government of Vanuatu. An additional 14,200 people were reached with the remainder of tinned fish purchased with the CERF grant, which was complemented by commodities purchased with other funds combined with commodities provided by the Government of Vanuatu.

**b) Did CERF funds help respond to time critical needs<sup>1</sup>?**

YES ☒ PARTIALLY ☐ NO ☐

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<sup>1</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

CERF funding supported the TC Pam affected households and communities in the provision of agriculture inputs, training on food preservation and crop production, the construction of community nurseries and demonstration plots and provision of solar dryers. This support prevented the worsening of the food security situation. Through the activities of this project, along with the seeds donated by other donors, all households in the worst cyclone affected provinces of Malampa, Shefa and Tafea were able to receive agricultural inputs to support them. As such, these communities were able to resume agricultural production, no longer relying on imported food goods supplied through emergency distributions.

Emergency WASH supplies funded by CERF helped to reduce the risk of outbreak of water- and sanitation-related diseases. CERF funding enabled life-saving interventions, effectively averting mortality related to the crisis. The post-CERF humanitarian situation transitioned from the impact of TC Pam to a focus on recovery, with an eye on the slow onset of drought induced by the El Niño weather phenomena.

In the education sector, the funds enabled rapid support to education infrastructure enabling children to return to a safe environment for learning. Provision of early psychosocial support encouraged children to return to school and reduces long term impact of stress on children and caregivers.

CERF funding helped to reduce the risk of morbidity and mortality among the cyclone-affected population by enabling the rapid delivery of emergency medical supplies and personnel, implementation of measles campaigns and the provision of nutritional support for children and pregnant/lactating women. CERF funding enabled more than 10,000 children to receive measles vaccination, vitamin A supplementation and deworming within three weeks of the cyclone. It also enabled the procurement and shipment of the most essential products needed by the MoH within days of the cyclone, enabling health facilities to continue to provide services to those injured and/or in need of care.

With assistance from the Logistics Cluster, WFP facilitated an uninterrupted supply of life-saving assistance to over 20 islands on behalf of all of the clusters. This effort enabled the humanitarian community to move relief items into the affected areas in a more reliable and predictable way, while preventing overlaps in the response. Time-critical logistical support enabled the rapid and timely movement of goods and services, especially food assistance, to disaster-affected populations in areas served by WFP, the NDMO and humanitarian partners.

**c) Did CERF funds help improve resource mobilization from other sources?**

YES ☒ PARTIALLY ☐ NO ☐

Seeds procured with CERF funds were coordinated with those donated by the Government of New Caledonia. This relationship was fundamental to avoid duplication and ensure the needs of the worst cyclone affected households were met. The in-country costs of logistics required the WASH cluster to utilize common assets and mobilize resources in a coordinated manner to respond effectively. CERF funds allowed UNICEF to quickly reach communities and demonstrate results, contributing to donor confidence in the ability of the education and child protection sectors to deliver.

CERF funds assisted in quickly reaching communities and demonstrating results, which contributed to donor confidence in the ability of the health and nutrition sectors in Vanuatu to deliver results.

The WASH cluster was able to mobilize in-country supplies and partners through CERF funding and utilise the momentum created to attract additional financing from New Zealand and the United Kingdom for response and recovery efforts. The in-country costs of logistics required the WASH cluster to utilize common assets and mobilize resources in a coordinated manner to respond effectively.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES ☒ PARTIALLY ☐ NO ☐

In preparing the CERF proposal, the health and nutrition clusters were brought together within days of the emergency to design and coordinate immediate life-saving interventions to be implemented by UNICEF, WHO and UNFPA. The recipients of CERF funds then worked closely with NGOs and other implementing partners to execute their plans of action. This improved resource utilization and avoided duplication of services among partners.

The coordination mechanisms were improved amongst the humanitarian community. FAO coordinated with the FSAC, involving various agencies, NGOs, private sector and government departments to ensure that efforts were not duplicated. A close liaison was maintained with these actors to ensure transparent and coordinated assistance was provided to the affected communities.

CERF funding strengthened the relationship between WASH Cluster co-lead (UNICEF) and the WASH Cluster partners. UNICEF was able to work alongside DGMWR through the existing cluster arrangements to ensure ownership and leadership of the response by DGMWR as the WASH Cluster co-lead. The implementing partners collectively agreed that UNICEF would utilize CERF funding for 'front loading' of WASH supplies, which improved the use of standardized supplies.

The lessons learnt from the implementation of CERF-funded projects have left the WASH Cluster in a better position to respond to future crises.

CERF funds improved coordination among implementing agencies involved in the psychosocial response to TC Pam, including those agencies producing psychosocial support materials for children and teachers, through the development of key messages and in supporting implementation of the programme in targeted areas.

CERF funds were also used to support and augment logistics capacities for the entire humanitarian community in its emergency response, and for transportation of food items WFP supported National Disaster Management Office (NDMO) and the Vanuatu Humanitarian Team with the establishment of a cargo reception facility at Port Vila Airport and another in the sea port, including mobile storage units and logistics personnel to support the reception and dispatch of incoming cargo. Additionally, two storage and distribution facilities in Tanna were established to facilitate the distribution of food and non-food relief items.

**e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response**

This was the first time that the UNICEF-supported Education and Child protection programmes received CERF funding to support an immediate emergency response, supporting children's education and psychosocial needs and easing children's return to school and normalcy, protecting them against potential abuse and exploitation, which increases when children are out-of-school.

Bilateral donors expressed appreciation that the United Nations made this contribution through CERF, complementing their contributions to the response. The implementation of CERF-funded activities strengthened technical and operational partnerships between NGOs, government partners and UNICEF, especially in addressing the psychosocial needs of pre-school, primary-aged children and adolescents through the joint development of appropriate materials for children and tools for teachers, and through formation of peer-to-peer support networks.

Through CERF support UNICEF successfully addressed gaps and demonstrated the importance of addressing the psychosocial needs of children and adolescents at the response stage and ensuring children's early return to school. The education supplies procured with CERF funds served as incentives for many children to return to school. The provision of temporary learning spaces and learning materials enabled schools to reopen, providing a safe, protective environment for children and giving them a sense of normalcy. Psychosocial support provided at schools, through teacher training and materials, and out-of-school, through the peer support and youth outreach, encouraged children to recognize their experiences, both positive and negative, from the cyclone and its aftermath and to engage in the return to normalcy.



## V. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
CERF as a tool for advocacy	CERF help to position the UN well as being proactive and helped leverage additional funds for the response	CERF secretariat
CERF funding was critical in the initial response.	CERF funding was retroactively made available from the time the disaster occurred. This enabled UNICEF to respond quickly to the most immediate needs on the ground without having to worry about the source of funding.	CERF secretariat
CERF funding flexibility was important in effectively responding to the emergency.	CERF funding should remain flexible. Flexibility allowed programmes to respond to the changing situation on the ground as new data was received.	CERF secretariat
	Development of proposal and disbursements was smooth and faster than prior applications	CERF secretariat
Need to revisit the 10 per cent allocation for operating costs	There was a feeling that the 10 per cent ceiling on operational and human resource was quite limited and caused delays in implementation of some projects especially in the health sector	CERF secretariat
Budget line too rigid	Budget lines are very specific while there are other additional expenses that are not articulated in the budget lines	CERF secretariat
Implementation time frame too narrow	Spending the budget within the given time frame proved a challenge for some implementing partners. This as also linked to the issue of personel raised above.	

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Coordination	Coordination was very well managed and was inclusive	Humanitarian partners
The CERF application and process took time for partners to understand.	Simplify templates and processes, incorporating them in joint WASH in Emergencies training.	WASH cluster
Strengthened collaboration is critical	Collaboration with partners and government was well structured and prioritization was jointly done by government and UN agencies	Vanuatu Government, clusters and UN agencies
The standing WASH cluster arrangement within Vanuatu, with DGMWR and UNICEF as co-leads, allowed agencies to work within a well-organized, government-led cluster coordination mechanism.	The Vanuatu WASH Cluster to continue preparing standards and field-testing of rapid surveys and supplies to better respond to crises.	DGMWR/UNICEF

Joint communication with government and other partners on what the United Nations was collectively doing with the CERF funds to support government-led efforts needs to be strengthened.	Need to develop media/joint communication plan with all stakeholders on what the role of United Nations is in support of government. Clarify that the CERF is a mechanism that the UN uses to facilitate its support to governments.	Vanuatu Government, clusters and UN agencies
The DGMWR does not have standard operating procedures (SOPs) to respond to emergencies. This was an inhibiting factor in allowing the government to respond to the WASH crisis.	DGMWR to develop SOPs to provide an enabling environment to respond to crises and absorb CERF funding (if available).	DGMWR
UNICEF's ability to absorb CERF funding and partner with implementing agencies is greatly enhanced by the new Small Scale Funding Agreement (SSFA) arrangements. <sup>2</sup>	Contingency arrangements and agreements are being considered through extended partnerships with WASH partners in Vanuatu.	UNICEF
The Education Cluster should remain active as a cluster or as a sector coordination mechanism to ensure that it is able to coordinate preparedness before a disaster, immediately respond during and after disasters, and can support the transition to recovery.	As the Education Cluster lead, MoET should continue coordination meetings with co-lead agencies and members for preparedness before disasters, during the response and recovery phases, and continue to update OCHA, NDMO and PDMO.	MoET, Education Cluster/UNICEF/OCHA
The Education Cluster co-lead leadership arrangement in Vanuatu needs to be strengthened.	MoET, NDMO, UNICEF and Save the Children need to re-look at the Education Cluster co-lead leadership arrangement in Vanuatu.	MoET, NDMO, Education Cluster/UNICEF/Save the Children
The government's capacity to lead and coordinate the Education Cluster needs to be strengthened at the national and provincial level.	The capacity of key senior officers within MoET and at the provincial need to be built on Education Cluster coordination leadership and contingency planning.	MoET, NDMO, Education Cluster/UNICEF/OCHA
Standardized assessment forms for the Education sector were not ready before the emergency; the Education	Agree at PHT level and with governments on standard assessment formats and standard assistance packages before the next disaster strikes.	PHT, United Nations agencies, cluster leads

<sup>2</sup> UNICEF After Action Review, September 2015

cluster had to quickly put together a standardized assessment form and the methodology to be applied.		
Although most PHT members were present on the ground, some were not present in Vanuatu on a full-time basis. Some operated remotely from Suva, posing a challenge for information flow and verification.	It is important that the CERF proposal is developed from the ground with people in the country where a disaster happens. Agencies should deploy sufficient staff with full decision-making capacity until the CERF drafting process is finalized. PHT decision-making should be decentralized in such situations.	United Nations agencies
Joint communication with government and other partners (in public and private) was lacking on what the United Nations was collectively doing with CERF funds to support government-led efforts.	Need to develop a joint communication plan with all stakeholders on what the United Nations is doing with CERF funds to jointly respond to the situation.	PHT, RC, OCHA
There were few staff in the region with experience in humanitarian operations. Many agencies therefore used their development staff, who also had other roles, to fill the gaps. This slowed the pace of the response.	Encourage more training of available staff to “double hat” and bring in humanitarian staff on surge capacity much sooner if circumstances require.	VG, cluster leads, United Nations agencies.
The MoH has a Disaster Management/Emergency Preparedness Plan. However, the document did not include plans for a large-scale disaster and the plan was not widely known by key stakeholders.	The MoH Disaster Management Plan needs to be updated to reflect various disaster scenarios, including large-scale disasters, particularly based on the lessons learned from TC Pam.	MoH, donors, UN agencies, private sector and other humanitarian actors
Assessment information was lacking prior to the cyclone, resulting in unreliable information being used to develop response plans.	Information about health facilities should be updated on an annual basis and shared with key partners. This information will be essential for preparedness planning and in any future emergency responses.	MoH, donors, UN agencies, private sector and other humanitarian actors
Communication between government (national and provincial), donors, UN agencies and NGOs needs to be strengthened to enable better coordination of the emergency response.	The development of a joint communication plan, at both national and local levels, is critical for the coordination of emergency responses.	MoH, donors, UN agencies, private sector and other humanitarian actors
The health and nutrition cluster should ensure that it coordinates preparedness before, during and after disasters.	The MoH should ensure that there are regular health and nutrition cluster meetings to support preparedness efforts before disasters, during the initial response and during the recovery phases.	MoH, donors, UN agencies, private sector and other humanitarian actors

The government capacity to lead and coordinate the nutrition response needs to be strengthened at the national and provincial levels.	The capacity of government, at national and provincial levels, needs to be strengthened in order to ensure that nutrition preparedness, response and recovery efforts are able to be adequately supported.	MoH, donors, UN agencies, private sector and other humanitarian actors
Surge Support very important	The use of experienced surge staff proved very useful in getting the application process done in a relatively short time	Humanitarian actors
Capacity building to the Food Security and Agriculture Cluster (FSAC) and the Government is necessary for distribution planning, targeting, and accurate reporting	Improve coordination and information management, provide common logistics services, enhance commodity tracking and reporting for adequate emergency preparedness.	NDMO

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
<b>CERF project information</b>							
<b>1. Agency:</b>		UNICEF		<b>5. CERF grant period:</b>		23/03/2015 – 22/09/2015	
<b>2. CERF project code:</b>		15-RR-CEF-041		<b>6. Status of CERF grant:</b>		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
<b>3. Cluster/Sector:</b>		Education					
<b>4. Project title:</b>		Immediate education and protection support to children in two affected provinces (Shefa and Tafea) after Cyclone Pam					
<b>7. Funding</b>	a. Total project budget:		US\$ 1,600,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 484,041		■ NGO partners and Red Cross/Crescent: US\$ 0		
	c. Amount received from CERF:		US\$ 484,041		■ Government Partners: US\$ 188,350.86		
<b>Beneficiaries</b>							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
<b>Direct Beneficiaries</b>		<b>Planned</b>			<b>Reached</b>		
		<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Children (below 18)		6,000	6,000	12,000	28,715	30,518	59,233
Adults (above 18)		865	865	1,730	1,255	865	2,120
<b>Total</b>		<b>6,865</b>	<b>6,865</b>	<b>13,730</b>	<b>29,970</b>	<b>31,383</b>	<b>61,353</b>
<b>8b. Beneficiary Profile</b>							
<b>Category</b>		<b>Number of people (Planned)</b>			<b>Number of people (Reached)</b>		
Refugees							
IDPs							
Host population							
Other affected people		13,730			61,353		
<b>Total (same as in 8a)</b>		<b>13,730</b>			<b>61,353</b>		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		UNICEF planned to reach 13,370 people but in fact reached 61,353. This was due to a number of factors, including:					

	<ul style="list-style-type: none"> <li>The planned targets were for targeted priority schools and areas in Shefa and Tafea (not the whole province). However, MoET managed to use the funds to reach all affected children in the two provinces.</li> <li>Greater community engagement and mobilization than anticipated. This enabled quick and comprehensive distribution of education supplies, with communities actively engaged in the distribution efforts.</li> <li>MoET was able to contribute resources mobilized through other partners to scale up approach and reach all impacted schools and communities.</li> </ul> <p>MOYSDT engaged its extensive youth network of adolescent volunteers, facilitating the wide reach of psychosocial activities.</p>
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CERF Result Framework			
9. Project objective	To provide immediate education support within protective environment to 12,000 children, including psychosocial support skills to 1,250 teachers and 480 caregivers and service providers, in Shefa and Tafea provinces for a period of three months.		
10. Outcome statement	12,000 children have access to immediate education and psychosocial services in schools, other safe learning spaces or communities by 1,250 teachers and 480 caregivers and service providers who gain knowledge to better protect children's psychosocial well-being.		
11. Outputs			
Output 1	10,000 preschool and primary school-age children have access to a safe learning environment with education materials (in Temporary Learning Spaces and the affected schools); 1,730 teachers, caregivers and service providers able to provide psychosocial support; and 12,000 children who have access to education and psychosocial support by teachers, caregivers and service providers		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of preschool and primary school-age children that have access to safe learning environment with education materials (in Temporary Learning Spaces and the affected schools)	10,000	13,462
Indicator 1.2	Number of teachers, caregivers and service providers able to provide psychosocial support	1,730	1,758
Indicator 1.3	Number of children who have access to education and psychosocial support by teachers, caregivers and service providers	12,000	46,133
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Assessment of affected schools and ECE centres	MOET/UNICEF	MoET/UNICEF
Activity 1.2	Establishment of temporary safe and protective learning spaces for early childhood and primary school children	MOET/UNICEF	MoET/UNICEF

Activity 1.3	Inclusion of psychosocial support materials into teacher's guide in schools or other safe learning spaces; and facilitation of sessions on psychosocial support skills with teachers, caregivers and service providers in communities	MOET/MOJCS/UNICEF	MoET/MOJCS/MOYSDT/UNICEF

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

**Outcome:** 12,000 children have access to immediate education and psychosocial services in schools, other safe learning spaces or communities by 1,250 teachers and 480 caregivers and service providers who gain knowledge to better protect children's psychosocial well-being.

- Development of psychosocial materials for pre-primary and primary school-age children, including a set of eight children's story books, a children's work book, a guidebook for teachers, and 10 posters, all addressing different aspects of children's psychosocial needs during and after the cyclone.
- Distribution of the psychosocial materials to 250 ECCE centres and schools, benefitting 2,490 children.
- Distribution of education supplies to 106 ECCE centres and 102 primary schools, benefitting 13,462 children.
- Establishment of temporary safe learning spaces in 40 ECCE centres and primary schools in Shefa and Tafea, benefitting over 1,200 children in both provinces.
- Orientation of 486 teachers on use of the psychosocial materials, benefitting 38,856 children.

A total of 59,233 children were reached (including 28,715 girls and 30,518 boys) with education and psychosocial support through in-school and out-of-school approaches and the engagement of communities, schools and peer support networks.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

Psychosocial materials and activities were designed with communities and target populations. Through the material design workshop conducted in Port Villa, teachers, child protection professionals and local artists were engaged in developing the messages and materials. Field tests were conducted with children to ensure appropriateness of all materials. Through orientation workshops with adolescents and service providers, psychosocial activities were designed by and for the communities in which these activities took place.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☐

Evaluation not planned as extensive review has already taken place by the Education cluster and Gender and Protection cluster as part of the clusters and national lessons learned exercises.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS							
<b>CERF project information</b>							
<b>1. Agency:</b>		IOM		<b>5. CERF grant period:</b>		16/03/2015– 15/09/2015	
<b>2. CERF project code:</b>		15-RR-IOM-013		<b>6. Status of CERF grant:</b>		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
<b>3. Cluster/Sector:</b>		Shelter					
<b>4. Project title:</b>		Provision of Emergency Shelter and NFI Support to Communities Affected by Cyclone Pam (PESCA)					
<b>7. Funding</b>	a. Total project budget:		US\$ 1,050,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 749,624		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0		
	c. Amount received from CERF:		US\$ 446,376		■ <i>Government Partners:</i> US\$ 0		
<b>Beneficiaries</b>							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
<b>Direct Beneficiaries</b>		<b>Planned</b>			<b>Reached</b>		
		<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Children (below 18)		2,714	3,061	5,775	4,494	3,165	7,659
Adults (above 18)		5,041	5,684	10,725	4,180	3,922	8,102
<b>Total</b>		<b>7,755</b>	<b>8,745</b>	<b>16,500</b>	<b>8,674</b>	<b>7,087</b>	<b>15,761</b>
<b>8b. Beneficiary Profile</b>							
<b>Category</b>		<b>Number of people (Planned)</b>		<b>Number of people (Reached)</b>			
Refugees							
IDPs		16,500		15,761			
Host population							
Other affected people							
<b>Total (same as in 8a)</b>		<b>16,500</b>		<b>15,761</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		The population figures presented in the CERF proposal was initially based on the Shelter Cluster figures and were slightly lower than the revised need assessment as presented on the HAP. Also, due to the specificity of the Vanuatu context, just a few days after the cyclone returned home and most of the affected families reached by the project received support to rebuild and repair after returning to their homes and therefore considered as "other affected people" rather than IDPs					



CERF Result Framework			
9. Project objective	To reduce the loss of life through the provision of emergency shelter and NFI assistance to the most vulnerable households in affected area		
10. Outcome statement	Reduced loss of life following the provision of emergency shelter and NFIs to the most vulnerable families with houses damaged and destroyed		
11. Outputs			
Output 1	500 households with access to emergency shelter (including shelter grade plastic)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Coverage of emergency shelter needs of families with houses damaged and destroyed houses	1,000 HH	500 HH
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement and distribution of emergency shelter kits to families with houses damaged and destroyed	IOM and Implementing Partners	IOM , Save The Children and Vanuatu Red Cross
Output 2	1,150 households with access to NFI (kitchens sets, blankets, etc.)		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Coverage of critical NFI needs of families with houses damaged and destroyed houses	1,150 HH	2012 HH
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement and distribution of NFI to families with houses damaged and destroyed	IOM and Implementing Partners	IOM , Save The Children and Vanuatu Red Cross
Output 3	7,500 people with access to safer shelter construction technical trainings and enhanced resilience to future disaster events		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	People in affected areas with access to technical trainings on safer shelter construction	7,500 people	9,000 people
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Identification of contextualized safer construction practices	IOM and Implementing Partners	IOM, the Shelter Cluster Vanuatu Red Cross, Save The Children and NDMO
Activity 3.2	Partner with local/rural training centres to implement training programme	IOM and Implementing Partners	IOM, the Shelter Cluster Vanuatu Red Cross, Save The Children and NDMO

Activity 3.3	Delivery of technical trainings on safer shelter construction	IOM and Implementing Partners	IOM, the Shelter Cluster Vanuatu Red Cross, Save The Children and NDMO
<b>Output 4</b>	16,500 displaced persons and host communities have access to information regarding assistance efforts and are able to provide feedback on the overall response		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	Displaced persons and host communities have access to information regarding assistance efforts and are able to provide feedback on the overall response	16,500	15,761
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Promote timely and accurate communication with affected communities including feedback and response mechanisms	IOM and Implementing Partners	IOM, the Shelter Cluster Vanuatu Red Cross, Save The Children and NDMO

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

- Supported NDMO coordination efforts with the IDP working group later upgraded in Evacuation Center Working Group;
- Supported Shelter Cluster initiatives, including field assessment, meetings and liaison with Government officials.
- Supported the voluntary returned of 53 member of the Mataso community;
- Supported the creation of a CCCM cell within the NDMO and the secondment of a CCCM rapid response officer -
- Contributed to Monitoring of health condition as well as to providing psycho-social support to cyclone affected population during the acute emergency phase by the IOM surge team in coordination with NDMO and local authorities
- Produced banners, booklets and other communication materials that have been utilized broadly by Shelter Cluster partners for Safer Shelter awareness and sensitization campaigns in all affected areas;

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

Thorough coordination with National Disaster Management Office, provincial and local disaster committee, Shelter Cluster and Department of Local Authorities as well as field assessments. Affected population could have received information (radio, banners, and key messages) regarding the approach adopted for NFI distribution, standards and specifications.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☐

Evaluation was not planned and has not been conducted

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>		WHO		<b>5. CERF grant period:</b>		14/03/2015–14/09/2015	
<b>2. CERF project code:</b>		15-RR-WHO-012		<b>6. Status of CERF grant:</b>		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
<b>3. Cluster/Sector:</b>		Health					
<b>4. Project title:</b>		Restoration and Improvement of health services and public health interventions in cyclone affected areas					
<b>7. Funding</b>	a. Total project budget:		US\$ 3,024,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 853,298		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 206,060 ■ <i>Government Partners:</i> US\$ 58,244.62		
	c. Amount received from CERF:		US\$ 600,334				
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (below 18)		33,864	32,536	66,400	33,864	32,536	66,400
Adults (above 18)		50,796	48,804	99,600	50,796	48,804	99,600
<b>Total</b>		<b>84,660</b>	<b>81,340</b>	<b>166,000</b>	<b>84,660</b>	<b>81,340</b>	<b>166,000</b>
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		3,000			3,000		
Host population							
Other affected people		163,000			163,000		
<b>Total (same as in 8a)</b>		<b>166,000</b>			<b>166,000</b>		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		N/A					

**CERF Result Framework**

9. Project objective	The provision of emergency health services (i.e. Trauma care, referral) to the most vulnerable within the affected population, an estimated 110 000 persons ,and continuum of care for the most vulnerable groups (which include treatment of chronic conditions), prevention and control of infectious disease outbreaks, covering an affected population of 166 000 individuals, spanning 22 islands		
10. Outcome statement	Contained excess mortality, morbidity and disability related to the impact of the Cyclone Pam on the affected population		
11. Outputs			
Output 1	The coordinated and efficient health sector response involving 24 national and international partners in ensuring the essential and immediate health needs for an estimated 110,000 persons (ice. Trauma care, referral, chronic condition treatment, communicable disease prevention and control) of over 160,000 persons who have been affected post-cyclone across the 22 affected islands.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Short and medium term health sector response strategic and operational plans produced and disseminated	Dates of dissemination of plans	Regular Health Cluster Meetings  Issuance of 10 Health Cluster Bulletins  Public Health Risk Assessment issued on 25 March  Health Cluster Strategic Plan for Recovery submitted on 23 April  Health Cluster Lessons Learned Workshop on 31 May
Indicator 1.2	Quality 3W matrix maintained and used to inform planning	Dates of dissemination of updated matrix	3W matrix updated weekly
Indicator 1.3	Quality health sector maps used to inform planning, on damage and repairing of HF, FMTs deployment, coverage of essential services	Dates of dissemination of plans	Health sector maps were provided during the Health Cluster Meetings; and included in the Health Cluster Bulletins
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Conduct and consolidate initial and detailed health assessments and analyzing the needs, priorities and gaps to be addressed, taking stock and triangulating the outcome of other clusters' assessments	MoH with support of WHO as Health Cluster lead, , inter-cluster coordination group	MoH with support of WHO as Health Cluster lead, inter-cluster coordination group
Activity 1.2	Short and medium strategic and operational planning, based on gap analysis, and monitoring of health needs and relief response	MoH with support of WHO as Health Cluster lead, and health cluster partners	MoH with support of WHO as Health Cluster lead, and health cluster partners

Activity 1.3	Set up and maintain monitoring system of field deployment and phasing out of Foreign Medical Teams, and reactivation of damaged health facilities	MoH and health cluster partners	MoH and health cluster partners
<b>Output 2</b>	The provision of continuum of care between mid-March and mid-June 2015 of an estimated 1,500 mothers and 1,200 new-borns, and an estimated 12,000 patients with communicable diseases and 15,000 persons with non-communicable diseases (ie. hypertension, diabetes, and mental health needs) including provision of six Inter-Agency Emergency Health Kits (IEHK) and three Diarrheal Disease Kits		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of functioning health facilities or mobile teams / 10 000 people	7	8
Indicator 2.2	Number of consultation/person/year in the priority affected areas	2.5 visit per person per year	(See Section 12)
Indicator 2.3	Coverage of skilled birth attended deliveries	90%	(See Section 12)
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Set up temporary health facilities closed to totally and partially damaged health infrastructures, in order to guarantee geographical accessibility, including the provision of essential drugs and medical equipment, in order to provide health care for pregnant and lactating women, under 5 and adults, considering expected increase of water borne diseases such as acute diarrhoea, continue the treatment of chronic conditions such as hypertension and diabetes	MoH and health cluster partners	MoH and health cluster partners
Activity 2.2	Mental health and psychosocial support to the most vulnerable groups, including in service training of general practitioners to detect and manage acute and chronic mental disorders	MoH and health cluster partners	MoH and health cluster partners
Activity 2.3	Enhance the referral system, including transport from the communities to primary and secondary/tertiary health care facilities	MoH and health cluster partners	MoH and health cluster partners
<b>Output 3</b>	To expand and strengthen the national surveillance and early warning systems for early detection, investigation of and response to epidemic prone diseases, through the establishment of 17 sentinel surveillance sites across 14 islands focusing priority provinces (ie. Tafea, Shefa, Efate, Penama and Malampa). Pre-cyclone, seven sites were operational, with an additional eight sites established in the past two weeks. There are a total of 15 functional sites and nine more to be established. Conduct public health interventions in 10 hotspots areas with poor water and sanitation is also being done.		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Ensure systematic epidemiological data collection, compiling, analyzing and reports' dissemination for further health intervention decision	24 sentinel sites reporting weekly	24 sentinel sites reporting weekly
Indicator 3.2	# of cases or incidence rates for selected diseases relevant to the local context (acute	Not applicable	Not applicable

	diarrhoea, measles, leptospirosis, others), by health zone		
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Expand syndromic surveillance of epidemic prone diseases in main affected areas for early detection, investigation and response to outbreaks	MoH and health cluster partners, including FMTs	MoH and health cluster partners, including FMTs
Activity 3.2	Implement public health interventions such as vector control and preventive measures, and IEC campaign on local priority health needs	MoH and health cluster partners, including FMTs	MoH and health cluster partners, including FMTs

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

**Outcome 1: The coordinated and efficient health sector response ensured the delivery of essential and immediate health needs for the affected population across 22 islands.**

- WHO worked with the Ministry of Health (MoH) to co-chair the Health Cluster, bringing together multiple health partners including foreign governments, NGOs and UN agencies in a coordinated response.
- Health Cluster Meetings took place on a regular basis (daily during the first two weeks; then twice a week reducing to once a week as required) to ensure all health partners were informed and the response was well integrated in the overall humanitarian response to Cyclone Pam.
- Sub-working groups within the Health Cluster were established to coordinate public health concerns on Nutrition and Reproductive Health, as well coordinate relevant activities on Information, Education and Communication
- The Health Cluster Bulletin was published regularly and disseminated widely within the Health Cluster partners, as well as to the Inter Cluster Coordination members. Eleven Health Cluster Bulletins were published.
- Activities of all Health Cluster partners were updated regularly, and submitted in the 3W format weekly and as requested by the Inter Cluster Coordination body.
- A Public Health Risk Assessment was conducted; with the information disseminated among Health Cluster and Inter Cluster Coordination partners. This was given to the MoH and distributed among partners on 25 March.
- Rapid assessments conducted during the emergency response (the first 2-3 weeks) were detailed enough to inform immediate response planning and the development of the Flash Appeal launched on 24 April. However, it lacked the depth to advise medium and longer-term planning of humanitarian response and early recovery.
- The Government of Vanuatu, therefore, decided to undertake Second Phase Harmonized Assessments at the community level in the four most-severely affected provinces of Shefa, Tafea, Malampa and Penama. From 1 to 8 April, 25 government-led teams assessed 23 islands in these provinces. The teams assessed humanitarian needs across six thematic areas: Water, Sanitation and Hygiene (WASH); Shelter; Health and Nutrition; Education; Gender and Protection; and Early Recovery
- Within the 22 affected islands, 71 health facilities (2 hospitals, 19 health centres and 50 dispensaries) were assessed.
- Key findings during this assessment were:
  - A high proportion of health facilities were damaged, however all but seven remain partially (19) or fully (45) functioning
  - The provision of health services decreased in all sectors of health care delivery, in particular in the general clinical services and in the child health ones
  - The overall impact on the capacity of the health services to deliver curative and preventive services, in a very fragile health system with a low level of health staff particularly in regards to medical doctors and midwives before the cyclone, was significant

- Following the emergency response phase, the Health Cluster's Strategic Plan for the transition to recovery was developed. This was used as the basis for the health sector component of the Humanitarian Action Plan which was submitted to the Government of Vanuatu on 23 April.
- With the goals to reduce morbidity and mortality associated with the destruction caused by the cyclone and restore the health system, the Health Cluster Strategic Plan cited the following objectives:
  - To meet the remaining life-saving needs and basic health needs of affected population through efficient coordination of international and national assistance
  - To work with the existing health system to re-establish and strengthen health services across all affected areas; and
  - To put in place mechanisms for preparation for future disasters using lessons learned from response to TC Pam
- A workshop among all Health Cluster partners, under the coordination of the Ministry of Health and WHO, on Lessons Learned took place on 21 May. The outcome document of the said workshop has been disseminated to both the Inter Cluster Coordination and the National Disaster Management Office; and has been used as the basis for the lessons learned of the Health sector to be used in preparation for future disasters.
- To support the MoH and the WHO Country Liaison Office in Vanuatu, WHO Regional Office for the Western Pacific (Manila) and the Division for Technical Support in the Pacific (Fiji), together with Standby Partners (Secretariat for the Pacific Countries and RedR Australia), deployed one Regional Adviser on Disaster Response Management, two Health Cluster Coordinators, three Risk Communication officers, five Epidemiologists, two administrative assistants and three logisticians to support response efforts
- WHO established a forward post in Lenakel to support the MoH Health Cluster's response activities in Tanna Island including the establishment of Early Warning Alert and Response Network (EWARN) sites of Lenakel Hospital, Whitesands Health Centre and Green Hill Health Centre; micro-planning and implementation of a measles vaccination, Vitamin A supplementation and deworming campaign for 6 months to 5 year olds; receipt, stock management and distribution of International Emergency Health Kits (IEHK) with primarily essential medicines to health facilities across the island; support of community-based health risk communication messaging through networks of chiefs, churches, youth and women's groups; and the coordination and provision of Provincial Health Department transportation and logistics function.
- Immediately following TC Pam, the MoH activated its Emergency Operations Centre in Port Vila. The Director of Vila Central Hospital was designated as focal point for incoming Foreign Medical Teams (FMT). In collaboration with WHO's Emergency Response Team, a registration system was implemented according to an existing MoH policy. FMT coordination ensured continuous team deployments where needed, and when a new FMT would replace an FMT to be demobilized.
- Following FMTs' deployment, a medical report was expected on a weekly basis. A representative of the FMT was likewise invited to attend, whenever possible, Health Cluster Coordination meetings in Port Vila. At the end of the deployment period, FMTs were required to debrief with the MoH FMT Coordinator, and submit an Exit Report.
- Twenty six FMTs arrived in Vanuatu to implement different medical activities in response to TC Pam. 92% (N=26) of these FMTs registered with the MoH, while 8% (N=2) did not register.
- Among the 24 registered FMTs, the average interval between registration and commencement of activities was 4 days. While registration took place in Port Vila, half of the FMTs were assigned in other provinces, access of which was extremely challenging especially within a week after the cyclone. Among the five registered FMTs assigned in Port Vila, the average interval between registration and operation was two days.
- Out of the 26 FMTs, 69% (N=18) provided Type 1 medical services. Such emergency outpatient services were provided in both fixed and mobile locations. Fixed locations refer to any health facility (hospital or health centre) assigned by the MoH for the FMT to conduct its medical activities. Mobile locations refer to outreach locations for mobile clinics in MoH assigned areas.
- Type 2 medical services were provided by 8% (N=2) of the FMTs. None of the FMTs provided Type 3 services, however 23% (N=6) provided Specialist care. Among the 6 FMTs which provided Specialist care in Vanuatu, 5 conducted surgical activities while 1 FMT provided Mental Health and Psychosocial Support services.

- FMTs brought 194 of its staff members in Vanuatu (Figure 5). 59 Medical Doctors sought temporary professional registration. Other medical staff members included Nurses (33), Paramedics (21), Midwives (25), Pharmacists (4), and Psychologists (2). 50 staff members provided administrative and logistics support to the FMTs.

**Outcome 2: Health care services were continuously provided among mothers and newborns, patients with communicable and non-communicable diseases.**

- 15,781 OPD/medical consultations, 99 deliveries and 40 surgical procedures were conducted by the 17 FMTs which reported at the end of their mobilization.
- A national NGO conducted an eye, dental and medical mobile clinics in the outer islands and covered North Efate, East and West Ambae. This activity took place between May and September. 5,474 patients were seen including 357 medical consultations, 1,189 screening for error of refraction and subsequent distribution of 561 corrective lenses, 118 ophthalmologic surgeries (75 cataract removals and 43 pterygium removal), 846 dental treatments, and distribution of 4,350 dental kits.
- The reporting of the total number of OPD consultations by month during 2015 is generated by the Health Information System (HIS) and consolidated in an annual report produced by the end of the first quarter of 2016. It has not been possible to have this indicator available on a monthly basis during the implementation of the CERF project period. However, the high number of OPD consultations performed by the FMTs (see above), and the prompt reactivation of all damaged health facilities with Quick fix or temporary health facilities allowed a continuation of the health services, which is promising that the target indicated by the CERF proposal of 2.5 OPD consultation per person per year has been achieved.
- Detailed infrastructure and biomedical equipment assessments were conducted on all priority facilities, leading to detailed scopes of work and procurement documentation.
- Quick fixes were accomplished in many health facilities with minor and major damages, including Vila Central Hospital, and Lenakel Provincial Hospital.
- Temporary health facilities were set up to ensure uninterrupted health service delivery in places where health facilities were either destroyed or incurred major damages. Tents, ancillary equipment, generators and medical supplies were delivered and installed in all 8 prioritized health facilities (Health Centers in Utas, Green Hill, Kitow and Paunangisu; Dispensaries in Tavalapa, Nimair, Amboh, and Ikiti)
- The following biomedical equipment were delivered at the end of May in Lenakel Hospital: Medical Refrigerator (Laboratory), Infant Incubator (Maternity), Infant Warmer (Operation Theatre), two Oxygen Concentrators (Recovery/Emergency), and Anesthetic Machine (Operation Theatre).
- There has been not a clear division of responsibility between the health cluster and WASH cluster on improving the water and sanitation within the health facilities, leading to implementation delays in repairing or improving water supplies in damaged health facilities such as the Lenakel Provincial Hospital. Sanitation and water supplies provided in the temporary health facilities set up should have been of better quality and quantity.
- Eleven LIFESTRAW water systems were eventually distributed and installed in priority health facilities. LIFESTRAW is a high-volume, point-of-use community water purifier, which has built-in safe storage and provides microbiologically safe drinking water for schools, health facilities, workplaces and community settings. It is a chemical free filtration system and prevents water-borne diseases including diarrhoea, typhoid, and cholera.
- Training of Trainers (ToT) on Essential Early Newborn Care (EENC) was conducted among 20 MoH health staff, with 13 provincial staff and seven participants from Vila Central Hospital, in June. Trainings among nurses and midwives, as a rollout activity of the EENC ToT, have subsequently taken place in the provinces of Tafea (22 participants) and Sanma (14 participants) in July, Malampa (14 participants) in August, Penama (33 participants) and Torba (15 participants) in September. The training for 15 participants in Shefa province has been scheduled in January 2016.
- A mainstreamed psychosocial approach of trainings was conducted among 240 service providers across the different levels (medical/health workers, welfare and community) of service provision. These trainings covered topics in mental health and psychosocial approaches, resilience promotion practices and case management.
- There are small committees of mhGAP trained leaders from all three layers in the community who are implementing today the first steps of a referral system, providing professional assistance and support to those in need.



- Prior to TC Pam, Vanuatu had a functioning referral system in place. Patients from the five provincial hospitals were transferred to Vila Central Hospital, the national referral facility in Port Vila, by various modes of air and water transport with the cost fully subsidized by the MoH. 27 patients benefitted from the referral system, on the average, annually.
- FMTs played a crucial role to ensure that patients in critical condition needing specialized surgical and medical care were evacuated to Vila Central Hospital at the soonest possible time. TC Pam caused damage to infrastructure and communications, halted the normal modes of transportation, caused trauma and injuries among the population.
- Immediately after TC Pam, the number of patients who needed to be referred from the provinces increased. FMTs conducted 75 medical evacuations between 18 March and 28 April 2015. Medical conditions which warranted such referrals included Fractures, Severe Head/Neck Injuries, Infected Wounds, Respiratory Distress in a newborn and complicated pregnancy. Coordination of patient referrals was handed over to the MoH on 28 April 2015.
- Five Inter Agency Emergency Health Kits and 3 Diarrheal Disease Kits were provided to the most affected areas. The immediate dispatch of these medical supplies complemented the routine distribution undertaken by the Central Medical Store in Port Vila, and in collaboration with the different FMTs conducting mobile clinics in the outer islands and provinces.
- Provincial health teams, as a component of role delineation, were established. Provincial engagement at the central level was an ongoing issue, with minimal support and assistance given to the provincial management teams. Provincial engagement and capacity building, as part of the recovery process, has been an area of high priority.
- Provincial health teams, under the supervision of the provincial health manager, visited 40 health facilities (10 Health Centres and Dispensaries per province) in the four provinces of Shefa, Tafea, Penama, and Malampa, to oversee repairs done, engage in outreach services, and conduct trainings to improve health delivery services, in September 2015.
- As part of the health cluster strategic plan, and following consultations with the Health Cluster and the MoH, the policy on role delineation policy for health centres and dispensaries was drafted and approved by the MoH Executive Committee. A revised role delineation policy for hospitals and aid posts has yet to be developed.
- Strengthening of Health Information System (HIS) reporting has been improved with the rollout of the DHIS2 electronic system with relevant trainings implemented in all provinces. The electronic system allows data to be entered directly in all hospitals and selected health centres. This has been demonstrated with 37% timely reporting at baseline increased to 50% by the end of July. For a health facility report to be considered timely, the reports need to be submitted to HIS officers to be entered into the DHIS2 system within a one month time period.

**Outcome 3: Expanded and strengthened the national surveillance and early warning systems for early detection, investigation of and response to epidemic prone diseases. Conducted public health interventions in areas with poor water and sanitation.**

- Prior to TC Pam, Vanuatu had eight syndromic surveillance sites reporting on four syndromes. From the 23 March, a post-disaster early warning surveillance and response network (EWARN) was implemented, producing a weekly bulletin timely distributed to all Health Cluster partners.
- The system was expanded on the existing syndromic surveillance system by increasing the number of reported syndromes to eight and adding 16 extra sites.
- The EWARN operated until 30th May. Since then, the pre-Pam disease surveillance system, the Pacific Syndromic Surveillance System (PSSS) has been re-implemented with 11 sites instead of the only eight reporting before Cyclone Pam (one in Torba Province, one in Sanma Province, one in Tafea Province, two in Penama Province, two in Malampa Province, and four in Shefa Province including two in Port Vila) reporting on four syndromes.
- The initial capacity of the health staff in the provinces was limited in disease surveillance and understanding of the EWARN system. Field visits by the national officer with technical support from WHO and SPC led to increased knowledge and understanding of disease surveillance.
- Field visits of both national officer and WHO epidemiologist likewise served to verify reported cases of communicable diseases (such as acute watery and measles) and collect samples for laboratory confirmation. This strengthened disease surveillance throughout the response and that no outbreak has been reported.

- Training of provincial health officers on surveillance and disease outbreak control was conducted from the 25 - 28 August 2015 at WHO, with a secondary training planned for early 2016.
- Since then, the 11 sentinel sites have been reporting in a timely manner, with improved symptom analysis.
- The surveillance unit is still encouraging other sentinel sites which were established during EWARN event to continue reporting any unusual events in main affected areas for early detection, investigation and response to outbreaks
- The PSS continues to operate in the recovery period, with further training and support for surveillance officers underway
- More than 23,500 bed nets were distributed among 7,000 households in northern parts of Port Vila.
- Expired stocks of insecticides (55 kgs of DDT, 50L of Malathion, 47L of Permethrine, and 50L of Deltamethrine) were transported from a damaged Health Center (Silimaui HC in Tongoa Island) back to Port Vila in September 2015. This was done to prevent environmental contamination. This activity was undertaken by the MoH, with technical supervision from WHO.
- IEC materials were developed, produced and disseminated through various communication channels, including government and community engagement, online media, SMS/text messages, newsprint and radio.
- SMS/text messages (9) were sent to 140,000 Digicel subscribers, advertisements printed in a national newspaper (Daily Post) with more than 20,000 subscribers on various public health messages on Measles, Vector Borne Diseases (Dengue and Malaria), Diarrheal Diseases, Nutrition, and Breastfeeding. Messages included symptoms, prevention and/or vaccination, to report and urge cases to go to the nearest health facility
- Such health alerts were also distributed to health cluster partners, including a local consortium (Vatu Mauri) to relay such messages to village chiefs and community leaders.
- Airtime was given in Radio Vanuatu to accommodate on its talkback show different health subjects, such as Measles, Nutrition, Breastfeeding, and Non Communicable Diseases. Health alerts were also aired during news bulletins.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

Assessments of health facilities in affected areas outside Port Vila were conducted immediately after the cyclone. These assessments were undertaken by the central MoH, and in collaboration with their counterparts from the provinces. In the provinces, assessments were conducted in provincial hospitals, health centres and dispensaries. Local community leaders and members were informed prior to the visits to these health facilities. Involvement of local community leaders and members continued during the second harmonized, inter-agency, assessment which was held subsequently. Following assessments, temporary facilities (tents) were set up and medical equipment delivered to ensure continuation of health service delivery. Local community leaders and members were involved to set up these facilities. In the absence of health facility staff members, local community leaders accepted the medications, supplies, and equipment donated and delivered to these health facilities.

Implementation of health related activities were made possible with partnerships with both international and national organizations. These organizations were selected following due diligence procedures, ensuring that health services would actually be delivered to intended and targeted beneficiaries. The national organizations involved during the response (Wan Smol Bag and Presbyterian Church of Vanuatu) should be particularly mentioned since these are known in the local context for their demonstrated commitment to accountability to both funding donors and beneficiaries.

One of the successful aspects of the emergency response has been the implementation of Information, Education and Communications activities which directly reached out the affected population. As described in the outcome section of the report, these IEC initiatives involved multimedia, with the utilization of SMS for mobile phone subscribers, press releases on both national broadsheets and WHO's website, radio interviews, and a continuous dialogue with consortium of local community leaders. It should also be noted that IEC materials used by the health cluster partners have been translated to Bislama, with the technical content approved by the Public Health Office of the MoH.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☐

There has been a lessons learned exercise led by the local Government.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒



**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>		WFP		<b>5. CERF grant period:</b>		15/03/2015– 14/09/2015	
<b>2. CERF project code:</b>		15-RR-WFP-029		<b>6. Status of CERF grant:</b>		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
<b>3. Cluster/Sector:</b>		Common Telecommunications					
<b>4. Project title:</b>		Telecommunications augmentation in response to Cyclone Pam					
<b>7. Funding</b>	a. Total project budget:		US\$ 2,259,304		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 2,344,518		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ n/a		
	c. Amount received from CERF:		US\$ 150,000		■ <i>Government Partners:</i> US\$ n/a		
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (below 18)					n/a	n/a	n/a
Adults (above 18)		30,000	30,000	60,000	n/a	n/a	n/a
<b>Total</b>		<b>30,000</b>	<b>30,000</b>	<b>60,000</b>	n/a	n/a	n/a
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees					n/a		
IDPs					n/a		
Host population					n/a		
Other affected people		60,000			n/a		
<b>Total (same as in 8a)</b>		<b>60,000</b>			n/a		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		Due to the nature of this Special Operation, which provided telecommunications and IT services to the humanitarian community, there were no direct beneficiaries.					

**CERF Result Framework**

<b>9. Project objective</b>	To support the Government of Vanuatu (GoV) and the humanitarian community in coordination of the overall the overall IT and telecommunications response, and to provide essential voice and data services to GoV, the humanitarian community and affected population thus enabling an effective humanitarian response.		
<b>10. Outcome statement</b>	A well-coordinated ICT response and national and international response unhindered by the damage to the ICT infrastructure.		
<b>11. Outputs</b>			
<b>Output 1</b>	Affected communities and government actors provided with mobile satellite connectivity		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Availability of Satellite telephones to remote provinces and islands.	10 satphones deployed	10 Satphones we delivered to NDMO
Indicator 1.2	Actual usage and ability of users to operate equipment	10 staff trained and 100 calls made	10 NDMO staff were trained on Satphone usage
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Deployment of Iridium Satphones	WFP and GOCIO	WFP and GOCIO
Activity 1.2	Training and monitoring	WFP and GOCIO	WFP and GOCIO
<b>Output 2</b>	Government offices provided with temporary voice and data connectivity		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	GoV offices provided with basic internet connectivity	6 offices connected	6 offices were connected with BGAN
Indicator 2.2	GoV offices provided with mid-term high speed internet connectivity	5 offices connected	6 offices were connected with emergency.lu, British Telecom and local ISP
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Deployment of 6 BGAN satellite terminals	WFP, TSF, GOCIO	WFP, TSF, GOCIO
Activity 2.2	Deployment of 5 VSAT satellite terminals	WFP, GOCIO, BT, Gov't of Luxembourg.	WFP, GOCIO, BT, Gov't of Luxembourg
<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>			

WFP aimed to increase staff safety and operational reliability by re-establishing the communication network; rehabilitating data networks; providing common data connectivity services in common operational areas; providing emergency telecommunications coordination support; and training UN agencies and NGO staff in digital communication.

The Emergency Telecommunications Cluster (ETC), under WFP's leadership, provided telecommunications equipment to facilitate communication between the islands until such time as pre-cyclone systems were reinstated and established satellite communication data services in support of the Government of Vanuatu and the Vanuatu Humanitarian Team to facilitate coordination of the response.

All equipment was deployed with appropriate technical expertise for establishing the communication network, namely:

- One emergency.lu VSAT was installed in Isangel (Tanna Island) to provide extended internet connectivity services to the humanitarian community.
- One BT VSAT was deployed to Isangel (Tanna Island) to support the NDMO with dedicated internet access.
- (One BT VSAT was installed in Saritamata (Ambae Island) for the use of the government and humanitarian workers operating in that location.
- One BT VSAT was installed in Lakatoro (Malekula Island) for government use.
- Ericsson Response WIDER – a solution which manages and distributes internet connectivity installed in two locations in Port Vila (Melanesian Hotel and NDMO). It also supported one site in Isangel (Tanna Island) and two additional sites in Port Vila--the airport and Hotel Kaiviti.
- Ten Iridium Satphone were distributed to the Government of Vanuatu to enable representatives to communicate directly with counterparts on remote islands.
- One 6kVA generator in the National Disaster Management Office (Tanna), four 5.5 kVA generators, and 10 flexible solar panels were provided to the Government by the ETC to be used to recharge the 10 iridium Satphones.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

n/a

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☐

There has been a lessons learned exercise led by the local Government.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>		WFP		<b>5. CERF grant period:</b>		21/03/2015–20/09/2015	
<b>2. CERF project code:</b>		15-RR-WFP-028		<b>6. Status of CERF grant:</b>		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
<b>3. Cluster/Sector:</b>		Common Logistics					
<b>4. Project title:</b>		Logistics Cluster Augmentation in response to Cyclone PAM.					
<b>7. Funding</b>	a. Total project budget:		US\$ 2,259,304		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 2,344,518		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ n/a ■ <i>Government Partners:</i> US\$ n/a		
	c. Amount received from CERF:		US\$ 481,500				
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (below 18)		n/a	n/a	n/a	n/a	n/a	n/a
Adults (above 18)		n/a	n/a	n/a	n/a	n/a	n/a
<b>Total</b>		n/a	n/a	n/a	n/a	n/a	n/a
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		n/a			n/a		
IDPs		n/a			n/a		
Host population		n/a			n/a		
Other affected people		n/a			n/a		
<b>Total (same as in 8a)</b>		n/a			n/a		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:							

**CERF Result Framework**

9. Project objective	Establish common storage and dispatch facilities for life saving food relief items in port Villa and Tana, enabling the delivery aid to 162,650 beneficiaries		
10. Outcome statement	The most affected population receive food and relief items efficiently and without delay		
11. Outputs			
Output 1	Cargo consolidation hub is established in Port Villa for the humanitarian community		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of Flights achieved	2	2
Indicator 1.2	Number of Mobile storage Units erected	6	6
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Purchase and airlift of equipment to Port Villa	WFP	WFP
Activity 1.2	Erection of Mobile storage units at the airport in Port Villa	WFP	WFP
Output 2	Establishment of common facilities in Tana		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Facility is deployed in Tanna before end March	Yes - completed	Yes - completed
Indicator 2.2	Facility is utilised by NDMO and humanitarian community	Yes - completed	Yes - completed
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Deployment of of equipment from Port Villa to Tana by sea	WFP	WFP
Activity 2.2	Erection of MSU's in Tana airport and Port	WFP	WFP
Activity 2.3	Common facility is operated by the logistics cluster and available to all humanitarian responders	WFP	WFP

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

On 17 March 2015, the Government of Vanuatu accepted WFP's offer of assistance to reinforce the logistics coordination in the emergency response and augment the storage capacity for relief items in the country. Subsequently, the Government of Vanuatu informed the humanitarian community that WFP would manage and coordinate logistics under the National Disaster Response Plan. WFP then launched the Special Operation (SO) to support the Government's relief efforts and to augment the logistics and telecommunications capacity of the wider humanitarian community that was responding to TC Pam.

Under the SO, and with assistance from the Logistics Cluster, WFP aimed to fill gaps and prevent bottlenecks in the humanitarian logistics response and facilitate an uninterrupted supply of life-saving/sustaining goods and services from all clusters including Food, Health, Shelter and WASH. This effort enabled the humanitarian community to move relief items into the affected areas in a more reliable and predictable way, while preventing overlaps in the response.

Under the Emergency Telecommunication Cluster (ETC) component of the special operation, WFP as lead of ETC, aimed to increase staff safety and operations reliability by re-establishing the communication network; rehabilitating data networks; providing common data connectivity services in common operational areas; providing Emergency Telecommunications Coordination support; and training UN agencies and NGO staff in radio communications.



A \$29.9 million United Nations Flash Appeal was launched on 24 March by the UN Resident Coordinator and the Prime Minister of Vanuatu. Based on the Flash Appeal, the CERF proposal was approved on 28 March, allocating WFP \$481,500 for the Logistics Cluster.

WFP supported National Disaster Management Office (NDMO) and the Vanuatu Humanitarian Team with the establishment of a cargo reception facility at Port Vila Airport and another in the sea port, including mobile storage units and logistics personnel to support the reception and dispatch of incoming cargo. Additionally, WFP provided equipment to establish two storage and distribution facilities in Tanna, which had the biggest beneficiary caseload. WFP provided experienced logistics personnel to support government-led operations in Port Vila and Tafea Province.

CERF funds were part of the Special Operation (WFP#200830) which was used to support and augment logistics capacities for the entire humanitarian community in its emergency response, and for transportation of food items. In the first two weeks of the response, WFP assisted the Government under a separate Emergency Operation in delivering some 1,428 mt of food, including rice, noodles, tinned fish, tinned meat and high energy biscuits (HEB) to reach some 200,000 beneficiaries across 22 islands.

The following table shows cumulative figures of all food handled by WFP under the SO#200830. Note that the commodities transported were not sourced through WFP.

Project Category	Project number	Commodity	Total Receipt (mt)	Total Dispatched (mt)	Stock handed over to NDMO (mt) *
SO	200830	Rice	844	725	118
		Noodles	69	69	-
		Biscuits	27	27	-
		Coffee	0	-	0
		Fish	125	81	45
		Flour	3	2	0
		Meat	29	16	13
		Milk	9	9	0
		MRE	19	2	16
		Soya Bean	20	20	-
		Sugar	22	21	1
		Sweet Corn	6	1	5
		Vegetables	31	17	15
		Water	26	23	3
		<b>TOTAL</b>	<b>1,230</b>	<b>1,014</b>	<b>216</b>

\*Stock balance at Port Vila was handed-over back to NDMO on 26 June 2015.

In addition to food, relief items and non-food items from the shelter, WASH, and health clusters, were also delivered to affected islands through the WFP-led logistics cluster and the Government of Vanuatu.

Dispatch of items relied mainly on commercial vessels, provided by the Government. However, given the vast archipelago of Vanuatu, military airlifts from Australia, New Zealand and France were utilized to reach the most remote islands and distribution points. In response to the Government's request, WFP logistics, in its role as lead of the Logistics Cluster, agreed to manage the entire logistics operation for the two months of assistance, delivering some 1,014 mt of Government food to 130,000 beneficiaries in three rounds of food distribution. Out of these, 70,000 people were assisted with WFP food in 19 islands.

Under the Logistics Cluster:

- One cargo reception facility was established (Target: 1)
- Two storage and distribution facilities were established in outer islands in Tafea Province (Target: 2)
- Five logistics experts were deployed in support of the government-led operations (Target: 5)

- Three common operational areas were provided access to voice and data communications services.

At the closure of the operation the following equipment was transferred to the Government:

- Six Mobile Storage Units with lighting kits and basic warehousing equipment/material
- Three electricity generators on trailers
- (One 3 mt forklift

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

Food distributions in the targeted locations were coordinated by the Government, with implementation conducted by four international NGOs with longstanding experience working in the affected areas. The NGOs, namely Care, World Vision, Samaritan's Purse and ADRA, operated in support of local government structures and arrangements. The arrangement was facilitated by a tripartite Field Level Agreement between WFP, the NDMO, and the cooperating partner.

High-level island managers were also present at food distributions and worked closely with WFP and cooperating partners to coordinate and distribute food to beneficiaries. This arrangement helped to build the capacity of government staff to prepare for the next disaster. WFP also played an active role in ensuring that island managers were able to get to distribution locations on time and with the resources needed to facilitate the distribution process at the field level.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☐

WFP captured lessons learned from the operation so that a longer-term strategy for enhanced preparedness in the Pacific may be formulated. Capacity building to the Food Security and Agriculture Cluster (FSAC) and the Government is necessary for distribution planning, targeting, and accurate reporting.

EVALUATION PENDING ☐

The operational lessons learned were communicated to the Government and provided detailed recommendations for the NDMO, which is expected to take the lead in improving coordination and information management, providing common logistics services, enhancing commodity tracking and reporting for adequate emergency preparedness.

NO EVALUATION PLANNED ☒

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>		UNICEF		<b>5. CERF grant period:</b>		15/03/2015– 14/09/2015	
<b>2. CERF project code:</b>		15-RR-CEF-040		<b>6. Status of CERF grant:</b>		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
<b>3. Cluster/Sector:</b>		Health					
<b>4. Project title:</b>		Emergency health and nutrition support for cyclone PAM affected areas					
<b>7. Funding</b>	a. Total project budget:		US\$ 1,420,200		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 380,228		■ NGO partners and Red Cross/Crescent: US\$ 86,940.54 ■ Government Partners: US\$ 0		
	c. Amount received from CERF:		US\$ 324,948				
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (below 18)					16,049	12,055	28,104
Adults (above 18)					17,407	5,525	22,932
<b>Total</b>		<b>24,250</b>	<b>17,750</b>	<b>42,000</b>	<b>33,456</b>	<b>17,580</b>	<b>51,036</b>
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs							
Host population							
Other affected people		42,000			51,036		
<b>Total (same as in 8a)</b>		<b>42,000</b>			<b>51,036</b>		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		Given the nature of the interventions, the targets for measles immunization, vitamin A supplementation and albendazole provision were disaggregated by age but not gender. The original target was based on immediate needs assessments and was later refined to address the urgent need for measles vaccination. Funding from both CERF and other donors, coupled with UNICEF's contracting of additional agencies to support the vaccination campaigns, and enabled a greater number of children 6-59 months of age to be reached with these life-saving interventions.					

	<p>The targets for IYCF counselling were disaggregated by gender as the intervention targeted pregnant and lactating women; however, the targets were not disaggregated by age.</p> <p>The targets for emergency and essential maternal and new-born care were not initially disaggregated by either gender or age. The original target was based on immediate needs assessments for emergency supplies and did not include the beneficiaries of the new-born care support (rather the number of products procured). The targets were later refined to address the needs in the country and the results reported include the estimated beneficiaries of the new-born kits.</p>
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CERF Result Framework			
9. Project objective	To reduce mortality and morbidity by vaccinating 15,000 under five children against measles, including distribution of Vitamin A, deworming, and infant and young child feeding counselling, and by equipping health facilities with new-born health kits within three months of the emergency.		
10. Outcome statement	Provide life-saving health and nutrition interventions to children under the age of five, and pregnant and lactating women in the TC Pam affected communities in all provinces of Vanuatu		
11. Outputs			
Output 1	15,000 children will be vaccinated for measles, and receive Vitamin A and deworming tablets.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of children 6-59 months vaccinated for measles	15,000	24,336
Indicator 1.2	# of facilities with functional cold chain equipment	5	9
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Special emergency integrated vaccination response to measles with vitamin A and albendazole supplementation targeting 15,000 under five children in three hot spot provinces of Vanuatu	MHMS, UNICEF, Save the Children, World Vision International.	MHMS, UNICEF, Save the Children, World Vision International.
Activity 1.2	Procurement and replacement of cold chain equipment	MHMS and UNICEF	MHMS and UNICEF
Output 2	6,500 pregnant and lactating women will receive counselling on infant and young child feeding in an emergency and maternal nutrition in the affected areas.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of targeted caregivers of children 0-23 months with access to IYCF counselling for appropriate feeding in emergency situation	6,500	6,700
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Key health care staff will be trained to deliver counselling of mothers and care givers on optimal IYCF in emergencies practices, including eliminating practices undermining breastfeeding, adequate and appropriate complementary feeding in the emergency context.	MHMS, UNICEF, Save the Children, World Vision International.	MHMS, UNICEF, Save the Children, World Vision International.
Output 3	Five emergency and essential maternal and new-born care supplies and technical assistance for safe births and new-born survival in the immediate postnatal period will be delivered.		

Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of affected primary health facilities with adequate new-born care kits and services	9	62
Indicator 3.2	# of affected populations benefiting from provision of emergency supplies	20,000	20,000
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Procurement and distribution of emergency and maternal and new-born care supplies and equipment for selected affected areas	MHMS and UNICEF	MHMS and UNICEF

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Given the nature of the interventions, the targets for measles immunization, vitamin A supplementation and albendazole provision were disaggregated by age but not gender. The original target was based on immediate needs assessments and was later refined to address the urgent need for measles vaccination. Funding from both CERF and other donors, coupled with UNICEF's contracting of additional agencies to support the vaccination campaigns, and enabled a greater number of children 6-59 months of age to be reached with these life-saving interventions.

The original target for cold chain equipment was set based on preliminary assessments and did not cover all the islands/locations affected. As further assessments were completed, the targets were refined to address the extensive damage to cold chain infrastructure. CERF funding covered the replacement of equipment at 15 facilities rather than the originally projected five sites, and even this did not cover all the needs in the country (subsequently covered by another donor). This was considered an essential part of the emergency response, as properly functioning cold chain equipment are critical to ensuring that vaccines are effective in protecting children from diseases.

The targets for IYCF counselling were disaggregated by gender as the intervention targeted pregnant and lactating women; however, the targets were not disaggregated by age.

The targets for emergency and essential maternal and new-born care were not initially disaggregated by either gender or age. The original target was based on immediate needs assessments for emergency supplies and did not include the beneficiaries of the new-born care support (rather the number of products procured). The targets were later refined to address the needs in the country and the results reported include the estimated beneficiaries of the new-born kits. It is important to note that the new-born care kits are not a ready-made product and that the kit produced did not cover as many people as was originally expected. Since the unit cost was much lower than initially estimated, 70 new-born care kits were procured to ensure that the same number of intended beneficiaries was reached. In the tables reporting direct beneficiaries, the estimated beneficiaries of the new-born kits were reported.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

The project design was informed by rapid assessments and confirmed by sectoral assessments. In addition, UNICEF deployed health, EPI and nutrition specialists to the most affected areas to support the assessment efforts. Discussions and observations with affected populations, along with the assessment reports, confirmed the needs on the ground, thus informing the project design.

To ensure accountability during implementation, UNICEF established a field monitoring team of eight individuals who independently monitored supplies and activities funded by CERF and other sources and implemented by UNICEF and its implementing partners. The field monitors did spot checks for supply accountability, conducted interviews and focus groups with beneficiaries, and gave feedback to programme staff.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>A number of lessons learnt exercises provided sufficient information to inform future planning and programming, including:</p> <ul style="list-style-type: none"> <li>• Lessons Learned from TC Pam: Health &amp; Nutrition Cluster. 21 May 2015</li> <li>• Health Cluster Lessons Learned Workshop. Assets and Infrastructure Working Group. 21 May 2015.</li> <li>• Health Cluster Lessons Learned Workshop. Foreign Medical Teams. 21 May 2015.</li> <li>• Health Cluster Lessons Learned Workshop. Health Cluster Coordination. 21 May 2015.</li> <li>• Health Cluster Lessons Learnt Workshop. Expanded Program on Immunization. 21 May 2015.</li> <li>• Health Cluster Lessons Learnt Workshop. Information, Education &amp; Communication. 21 May 2015.</li> <li>• Health Cluster Lessons Learnt Workshop. RMNCAH Working Group. 21 May 2015.</li> <li>• Health Cluster Lessons Learnt Workshop. Surveillance. 21 May 2015.</li> </ul>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>		UNFPA		<b>5. CERF grant period:</b>		20/03/2015–19/03/2015	
<b>2. CERF project code:</b>		15-RR-FPA-013		<b>6. Status of CERF grant:</b>		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
<b>3. Cluster/Sector:</b>		Health					
<b>4. Project title:</b>		Ensuring lifesaving sexual reproductive health including GBV services in cyclone affected provinces					
<b>7. Funding</b>	a. Total project budget:		US\$ 680,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 584,790		■ NGO partners and Red Cross/Crescent: US\$ 120,000 ■ Government Partners: US\$ 0		
	c. Amount received from CERF:		US\$ 231,436				
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (below 18)		10,000		10,000	N/A	N/A	N/A
Adults (above 18)		26,000		26,000	7,369	6,000	13,369
<b>Total</b>		<b>36,000</b>		<b>36,000</b>	<b>7,369</b>	<b>6,000</b>	<b>13,369</b>
8b. Beneficiary Profile							
Category		Number of people (Planned)		Number of people (Reached)			
Refugees				N/A			
IDPs		1,000		3,370			
Host population		34,000		9,999			
Other affected people		1,000		N/A			
<b>Total (same as in 8a)</b>		<b>36,000</b>		<b>13,369</b>			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		The geographical challenges of reaching some of the difficult to reach communities, and the challenging travel schedules including the high cost of doing business in the islands also contributed to discrepancy.					
CERF Result Framework							

9. Project objective	To ensure lifesaving sexual reproductive health including GBV services in cyclone affected provinces.		
10. Outcome statement	35,000 women and adolescent girls will receive sexual and reproductive health services and GBV awareness and services over a three month period.		
11. Outputs			
Output 1	36,000 Women and youth of reproductive age able to access lifesaving reproductive health services.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of pregnant and lactating women in evacuation centres and cyclone affected areas availing antenatal check-ups	5,000	6,738
Indicator 1.2	Number of health facilities providing reproductive health services and supplies to cyclone affected populations	20	13
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of medical kits and supplies for essential reproductive health care	UNFPA, MOH	UNFPA,MOH
Activity 1.2	Distribute RH kits, equipment and supplies to health centres	UNFPA, MOH	UNFPA, MOH, Save the Children (SC)
Activity 1.3	Implement reproductive health information campaign for women of reproductive age and adolescents	VFHA, VANGO, Save the Children and Medicine du Monde	VFHA, Save the Children
Activity 1.4	Procurement and distribution of hygiene and health supplies to women of reproductive age, targeting antenatal and postnatal.	VFHA, VANGO, Save the Children and Medicine du Monde	VFHA,SC,MOH
Output 2	Effective response by service providers (medical, psychological, social workers) able to respond to GBV prevention, protection and response.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of GBV support outreach interventions/month by partners	20	23
Indicator 2.2	Number of women, adolescent girls of reproductive age sensitized on GBV risk mitigation and response through information sessions for IDPS and host populations as well as in areas of return	30,000	13,369
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provision of GBV services, and awareness raising information in the areas of displacement, return/relocation through outreach and mobile teams	UNFPA, MOH and NGO partners	Action Aid, VANGO,VFHA,MOH, Vanuatu Women's Centre
Activity 2.2	Procurement of Dignity Kit and Post Rape Kit (kit 3)	UNFPA and MOH,	UNFPA,MOH



Activity 2.3	Distribution of Dignity Kits through community based outreach and women's centers.	UNFPA, VFHA and VANGO and other Gender and Protection cluster partners	UNFPA, VFHA, MOH
Activity 2.4	Provision of medical services and counselling to survivors of violence including through Women's Safe spaces and grants to NGOs	UNFPA, MOH and other government agencies as relevant	MoH, Action Aid, VFHA, Vanuatu Women's centre

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Thirty-five thousand women and adolescent girls were targeted based on data sets available to receive sexual and reproductive health services and GBV awareness and services over a three month period as the outcome. This outcome was not reached due to a number of factors such as the limited number of partners on the ground, especially NGOs who could deliver the services to enable a wider reach. As a result of this and due to the fact that there was demand by international agencies to have local NGOs engaged as partners for implementation, the possibilities were again limited (by the low number of NGOs) and those with the appropriate level of capacities were all engaged hence the reach was also affected reducing the targeted number of beneficiaries initially envisaged or estimated.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

The rapid assessments with sector partners, ongoing field visits and monitoring by partner NGOs and communications and information, analysis shared through the respective Clusters ensured communities in need were identified and prioritised for the implementation of the activities. Gaps identified were also shared amongst partners and Clusters.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☐

No evaluation is planned for this CERF assistance, however; UNFPA will be undertaking an evaluation of our programme for the last three years in early 2016 and this could be part of the evaluation but will depend on the evaluation design.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>		UNICEF		<b>5. CERF grant period:</b>		15/03/2015– 14/09/2015	
<b>2. CERF project code:</b>		15-RR-CEF-039		<b>6. Status of CERF grant:</b>		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
<b>3. Cluster/Sector:</b>		Water, Sanitation and Hygiene					
<b>4. Project title:</b>		Vanuatu Cyclone Pam Water Supply, Sanitation and Hygiene (WASH) response					
<b>7. Funding</b>	a. Total project budget:		US\$ 1,383,750		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 1,647,559		■ NGO partners and Red Cross/Crescent: US\$ 206,506 ■ Government Partners: US\$ 0		
	c. Amount received from CERF:		US\$ 907,914				
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (below 18)		10,196	9,412	19,608	10,196	9,412	19,608
Adults (above 18)		12,904	12,988	25,892	12,904	12,988	25,892
<b>Total</b>		<b>23,100</b>	<b>22,400</b>	<b>45,500</b>	<b>23,100</b>	<b>22,400</b>	<b>45,500</b>
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs							
Host population							
Other affected people		45,500			45,500		
<b>Total (same as in 8a)</b>		45,500			45,500		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		Beneficiary profile did not specify disaggregation of children under age 5. All targeted outputs were achieved except the output 5 which reached 84 per cent of the target number of students.					

**CERF Result Framework**

9. Project objective	Meet immediate lifesaving WASH needs of 45,500 most affected population, especially children and women, within the most affected provinces, in a three-month period		
10. Outcome statement	Affected communities including affected children in priority schools, day care centres, and temporary learning sites have access to safe and secure basic sanitation and safe water facilities with improved hygiene behaviour.		
11. Outputs			
Output 1	Effective leadership is established for WASH cluster/inter-agency coordination, with links to other cluster/ sector coordination mechanisms on critical inter-sectoral issues.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Cluster leadership, coordination, and information management provided at national and subnational levels (Shefa, Tafea) for the duration of three months	Cluster coordination and national and provincial levels (Shefa, Tafea)	Cluster coordination at national and provincial levels (Shefa, Tafea)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Deployment of an information management officer for the WASH Cluster	UNICEF via standby partner	Not implemented with CERF funding. Provided through UNICEF standby partner
Activity 1.2	UNICEF Provincial WASH cluster coordination support	UNICEF	UNICEF
Output 2	Six thousand five hundred households have access to sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene, through the provision of water containers, purification tablets and other supplies		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of households with access to safe water in Shefa, Malampa, Penama and Tafea Provinces for the duration of three months	6,500	6,823
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Emergency water supply by water trucking & shipping in SHEFA, TAFEA provinces	Department of Mines Geology and Water Resources (DGMWR), and NGO partners (names listed under 12b.)	DGMWR, ADRA, CARE, FRC, IMC, Oxfam, Save the Children, the Salvation Army, Butterfly Trust
Activity 2.2	Emergency repairs to water systems in SHEFA, TAFEA Provinces	Department of Mines Geology and Water Resources (DGMWR), and NGO partners	DGMWR, ADRA, CARE, FRC, , Oxfam, Save the Children
Activity 2.3	Rehabilitation of water sources by dislodging and disinfection of groundwater sources in SHEFA, TAFEA Provinces	Department of Mines Geology and Water Resources	DGMWR, Oxfam

		(DGMWR), and NGO partners	
Activity 2.4	Emergency water supply by deployment of generator and tanks in TAFEA and SHEFA	Department of Mines Geology and Water Resources (DGMWR), and NGO partners,	DGMWR, CARE, Oxfam, Save the Children
Activity 2.5	Provision of water filters and treatment in SHEFA and TAFEA	Department of Mines Geology and Water Resources (DGMWR), and NGO partners	DGMWR, ADRA, CARE, FRC, IMC, Oxfam, Save the Children, The Salvation Army, Butterfly Trust
Activity 2.6	Provision of household water treatment and safe storage supplies in SHEFA, TAFEA, PENAMA and MALAMPA	Department of Mines Geology and Water Resources (DGMWR), and NGO partners	DGMWR, ADRA, CARE, FRC, IMC, Oxfam, Save the Children, The Salvation Army, Butterfly Trust
Activity 2.7	Water quality testing at water points in 4 targeted provinces	Department of Mines Geology and Water Resources (DGMWR)	DGMWR, Oxfam
<b>Output 3</b>	Six thousand five hundred households access toilets and washing facilities that are culturally appropriate, secure, and sanitary, and are user friendly and gender appropriate		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of households that benefitted from wash and dignity kits in SHEFA, TAFEA, PENAMA and MALAMPA	8,000	8,000
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Provision of WASH and dignity kits in SHEFA, TAFEA, PENAMA and MALAMPA	Department of Mines Geology and Water Resources (DGMWR), and NGO partners	DGMWR, ADRA, CARE, FRC, IMC, Oxfam, Save the Children
Activity 3.2	Provision of tarpaulin to temporarily ensure privacy in toilets and washing facilities in SHEFA, TAFEA, PENAMA and MALAMPA	Department of Mines Geology and Water Resources (DGMWR), and NGO partners	Save the Children, ADRA
<b>Output 4</b>	A total of 45,500 people, including children and women, receive critical WASH related information to prevent child illness especially diarrhoea		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	# people receiving from hygiene & sanitation messages in SHEFA, TAFEA, PENAMA and MALAMPA	45,500	45,500
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>

Activity 4.1	Provision of hygiene messages through hygiene promotion teams with IEC materials in in SHEFA, TAFEA, PENAMA and MALAMPA	Department of Mines Geology and Water Resources (DGMWR), and NGO partners	DGMWR, ADRA, CARE, FRC, IMC, IFRC, Oxfam, Save the Children
<b>Output 5</b>	Two thousand children access safe water, sanitation and hygiene facilities in Temporary Learning Spaces and schools in the affected areas		
<b>Output 5 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 5.1	Number of Children with access to WASH facilities at schools in SHEFA, TAFEA, PENAMA and MALAMPA	2,000	1,678
<b>Output 5 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 5.1	Distribution of water tanks, slaps and tarpaulin and jerry cans to temporary learning spaces and schools; or restoration of water supply in s in SHEFA, TAFEA, PENAMA and MALAMPA	Department of Mines Geology and Water Resources (DGMWR), and NGO partners	DGMWR, ADRA, FRC

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

**Output 1**

Activity 1.1 – Decrease from planned as the information manager was deployed under an alternative funding source, through UNICEF stand-by partner arrangement.

Activity 1.2 – Increase as the provincial cluster coordination created an opportunity to conduct additional field monitoring to support cluster coordination at sub-national and national levels.

**Output 2**

Activity 2.3 – Decrease in the number of activities as a smaller number of groundwater sources were required to be disinfected.

Activity 2.7 – Decrease as only one province was targeted with water-quality testing.

**Output 3**

Activity 3.1 – Decrease in the number of households receiving the full WASH and dignity kits from 8,000 to 5,760 households, while the remaining households received a variation of the full package. This was done in agreement with the government and WASH Cluster partners who deemed that locally-packaged and modified kits were appropriate.

Activity 3.2 – Decrease in the planned number of latrine superstructures replaced, as the communities rapidly rebuilt latrine structures and bathing facilities using local materials, not requiring support from CERF funding.

**Output 4**

Activity 4.1 – Increase in outcomes, as hygiene messages were communicated through multiple means, including radio, pocket-sized pamphlets

**Output 5**

Activity 5.1 – Decrease in outcome as 16 per cent of the targeted students were not reached due to the greater need identified by the implementing partner at smaller kindergartens with less students. Kindergartens rely primarily on community support while primary schools are typically well supported though government and community support.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

The project design was informed by rapid assessments and confirmed by sectoral assessments carried out from 2 April 2015. A gender and protection focal point was established within the WASH Cluster to liaise directly with the Gender and Protection Cluster to ensure that the impact of the TC Pam on vulnerable groups were identified and mainstreamed throughout all work of the WASH Cluster members.

To ensure accountability during implementation, UNICEF established a field monitoring team of eight individuals who independently monitored supplies and activities funded by CERF and other sources and implemented by UNICEF and its legal implementing partners. The field monitors did spot checks for supply accountability, conducted interviews and focus groups with beneficiaries, and gave feedback to programme staff. Field monitoring targeted the suitability and usefulness of all hygiene materials specific for women, including menstrual hygiene management materials.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
WASH Cluster Lessons Learnt Workshop held on 22 June 2015 (report available), provides documentation of achievements, challenges, and recommendations	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>		FAO		<b>5. CERF grant period:</b>		30/03/2015 – 29/09/2015	
<b>2. CERF project code:</b>		15-RR-FAO-016		<b>6. Status of CERF grant:</b>		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
<b>3. Cluster/Sector:</b>		Agriculture					
<b>4. Project title:</b>		Immediate assistance to re-establish food security in communities affected by TC Pam					
<b>7. Funding</b>	a. Total project budget:		US\$ 600,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 411,375		■ NGO partners and Red Cross/Crescent: US\$ 30,000 ■ Government Partners: US\$ 0		
	c. Amount received from CERF:		US\$ 211,375				
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (below 18)		12,499	12,499	24,998	11,507	12,407	23,914
Adults (above 18)		10,226	10,226	20,452	12,392	12,388	24,780
<b>Total</b>		<b>22,725</b>	<b>22,725</b>	<b>45,450</b>	<b>23,899</b>	<b>24,795</b>	<b>48,694</b>
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs							
Host population		45,450			48,694		
Other affected people							
<b>Total (same as in 8a)</b>		<b>45,450</b>			<b>48,694</b>		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		The distribution of seeds gifted by other donors meant that many households that were planned for targeting had to be revised, in order to make the activities affective and avoid duplication. As a result, the majority of the households where food security was improved via the activities were urban or peri-urban rather than rural. Whilst not part of the original objective, this was following the advice and recommendation of the FSAC, targeting the households whose needs were the greatest that had yet to be met					

CERF Result Framework			
9. Project objective	Ensure access to food of 9,090 vulnerable rural households in the provinces of Shefa, Malampa and Tafea within three months through the rapid resumption of agricultural production by providing input supply, technical guidance and food preservation techniques.		
10. Outcome statement	Cyclone-affected agricultural households have restored food security and resumed agricultural production.		
11. Outputs			
Output 1	A total of 45,450 people in Paama, Ambryn, Epi, Tanna and Tongoa resume immediate agricultural production		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of households receiving agriculture inputs	100% (45,450 people)	107% (48,694 people)
Indicator 1.2	# of household receiving technical guidance on inputs provided	100%	65% (29,507 people)
Indicator 1.3	# of communities receiving support and direct engagement with extension staff and/or partner agencies	100%	93% (42,061 people)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of rapid growing seeds (beans, pumpkins, squash, sweet corn, cucumber, tomatoes, cabbages); nursery materials, food preservation materials	FAO	FAO
Activity 1.2	Development/refinement of technical guidance material	FAO/DARD	FAO/DARD
Activity 1.3	Distribution of seeds and technical guidance material	DARD/NGOS	DARD/NGOS
Activity 1.4	Harvesting3		FAO
Output 2	Two thousand five hundred people have capacity to rapidly preserve remaining food supplies (e.g. root crops) for immediate consumption		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of people trained on how to preserve food	2,500	3,187

<sup>3</sup> Not all of the seed varieties mature at the same time but ALL will mature within 3 months.



Indicator 2.2	Number of communities who saved their root crops and were able to consume them through food preservation	5	16
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procurement of training materials, dryers	FAO	FAO
Activity 2.2	Training of communities on food preservation techniques	FAO/DARD/NGOS	FAO/NGOS

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

In addition to the above activities performed and achieved outputs, there were also two nurseries (on Tongoa and Ambrym) and five demonstration plots (on Efate) established through this project, as well as trainings in crop production held with those communities

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

Seeds were delivered through community focal points, with trainings being held on a good distribution process, or advice being given, with this interaction building beneficiary ownership and giving an opportunity for feedback. During monitoring households were given an opportunity when surveyed to feedback on the projects activities, with lessons learned and their feedback taken into account for future actions.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☒

An internal evaluation was carried out by the project team on 24th and 25th August 2015 in urban and peri-urban Port Vila communities. A form had been designed to retrieve feedback on the seed distribution. A target of 2.5 per cent of households to be surveyed was set (approx. 350 households), with designated numbers to be reached within each area depending on its population. A team of enumerator volunteers was briefed and worked across these areas, selecting different households at random, interviewing members of the households and filling up the forms. A total of 366 households were surveyed and the analysis of the findings showed that:

- 98% of households that received seed actually planted them
- 62% of households received guidance on the seeds they received
- 97% of households now eating 3 meals per day, up from 62% shortly after TC Pam

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>		WFP		<b>5. CERF grant period:</b>		06/04/2015– 05/10/2015	
<b>2. CERF project code:</b>		15-RR-WFP-027		<b>6. Status of CERF grant:</b>		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
<b>3. Cluster/Sector:</b>		Food Aid					
<b>4. Project title:</b>		Emergency Food Assistance to Victims of Cyclone Pam					
<b>7. Funding</b>	a. Total project budget:		US\$ 5,204,749		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 3,796,379		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 217,764		
	c. Amount received from CERF:		US\$ 1,200,484		■ <i>Government Partners:</i> US\$ 0		
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (below 18)		12,606	12,606	25,212	15,092	15,708	30,800
Adults (above 18)		16,044	16,044	32,088	22,638	23,562	39,200
<b>Total</b>		<b>28,650</b>	<b>28,650</b>	<b>57,300</b>	<b>37,730</b>	<b>39,270</b>	<b>70,000</b>
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs							
Host population							
Other affected people		57,300			70,000		
<b>Total (same as in 8a)</b>		<b>57,300</b>			<b>70,000</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		The original CERF proposal, submitted at the onset of the emergency, represented total estimated needs at that time. However, following field reports received after the first round of distributions, the total number of affected people was revised upwards to 70,000, all of whom were reached with commodities (fish) purchased with CERF funds. Over 55,000 beneficiaries within the total caseload were provided rice purchased with CERF funds. Remaining beneficiaries were provided commodities procured with funding from other sources.					

CERF Result Framework											
9. Project objective		Provide immediate life-saving and life-sustaining food assistance to the people most affected by TC Pam.									
10. Outcome statement		Stabilised of improved food consumption over assistance period for targeted households and/or individuals.									
11. Outputs											
Output 1		Food products distributed to 57,300 individuals for a one month period in Malampa, Shefa and Tafea provinces.									
Output 1 Indicators		Description		Target				Reached			
Indicator 1.1		Number of women, men, girls and boys receiving food assistance, disaggregated by activity, beneficiary category, sex, food as percentage of planned							Female	Male	Total
					Female (As % of planned)	Male (as % of planned)	Total (As % of planned)				
				< 18 years	12,606	12,606	25,212	< 18 years	15,092	15,708	30,800
				≥ 18 years	16,044	16,044	32,088	≥ 18 years	22,638	23,562	39,200
				Total	28,650	28,650	57,300	Total	37,730	39,270	70,000
Indicator 1.2		Quantity of food assistance distributed, disaggregated by type		522 MT				279 mt Rice 102 mt Tinned fish Total: 381 mt			
Output 1 Activities		Description		Implemented by (Planned)				Implemented by (Actual)			
Activity 1.1		Procurement of food commodities		WFP				WFP			
Activity 1.2		Delivery of food commodities to Vanuatu		WFP				WFP			
Activity 1.3		General Food Distribution GFD of food commodities to estimated		WFP and Partners to be determined				WFP, Samaritan's Purse, ADRA, World Vision, Save the Children, CARE			

	57,300 beneficiaries		
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**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

On the basis of assessments carried out by WFP VAM during the first two weeks of the response, priority areas indicated that vulnerability was most acute among beneficiaries living in Tanna, Erromango, Southeast Ambrym, Epi and most of the Shepherd Islands. Collectively, these priority areas accounted for over 85 per cent of the WFP beneficiary population, where prevalence of subsistence farmers was very high and where beneficiaries suffered the highest levels of damage to agriculture.

WFP originally targeted 57,300 beneficiaries in priority islands of Tafea, Malampa and Shefa provinces to assist for 2.5 months. The target caseload was based on 2009 census data. However, as actual distribution figures were reported from the field during the first two weeks of the emergency, WFP conducted a Budget Revision to augment the caseload, targeting some 70,000 people.

This revised caseload of 70,000 people, despite being higher than anticipated, was still directly reached through food distributions covered by CERF funds. Specifically, 55,800 affected people were reached with rations consisting of *both* rice and tinned fish purchased with this funding, in addition to commodities purchased through other funding sources and by the Government of Vanuatu. An additional 14,200 people were reached with the remainder of tinned fish purchased with the CERF grant, which was complemented by commodities purchased with other funds combined with commodities provided by the Government of Vanuatu to ensure that beneficiaries received a full food basket. Commodities purchased with other funds included tinned fish, tinned meat, rice, high-energy biscuits and noodles.

The discrepancies between total metric tons planned vs. distributed are explained by the following: (1) some of the sea routes were not commercialized to the carriers and therefore offered no backhaul cargo, resulting in higher transportation costs, which in turn led to a higher rate per metric ton; and (2) since the Government could not support WFP's food distribution operation, cooperating partners were engaged and distribution costs went up from \$25/mt to \$127.96/mt.

During the period of the EMOP, the Government continued to provide emergency food assistance to approximately 130,000 people in areas not covered by WFP.

Food rations were provided, through general food distributions, to the areas prioritized based on dependency on subsistence farming, estimated agricultural crop losses and household resilience. The WFP ration, mainly consisting of rice, canned fish and noodles, were chosen to align with the Government's approach and the desire expressed by the Government not to have inequality in the package provided to populations in similar situations in different parts of the country.

Food was procured in local and regional markets. In view of the challenges faced by WFP in procuring food locally (as there was only one sizeable supplier of food commodities in Vanuatu), food prices and speed of delivery were taken into consideration during the procurement process. Moreover, the Government requested the international community to import food to the extent possible, rather than increased pressure on food stocks available domestically. WFP therefore procured small quantities locally to avoid serious gaps in its supply chain and looked principally to regional markets such as Fiji for its food purchases.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

WFP ensured that the design and implementation of its intervention addressed the unique needs of women, men, girls and boys, as well as priority vulnerable populations. Where possible, WFP engaged the special knowledge and skills of cooperating partners well known for their commitment to issues of gender and protection. When specifically skilled partners were not available, WFP made sure that its cooperating partners were informed on the minimum standards in gender and protection in emergencies, and assisted and monitored in their execution of the same.

No significant protection difficulties were encountered in food distribution. WFP managed to deliver commodities and services on time with support from the Government and partners. In terms of accountability, however, as the immediate food distributions were conducted by local field monitors and government officials who were facing this kind of emergency for the first time, acquiring actual distribution data and compiling reports proved challenging.

Under the Food Security and Agriculture Cluster (FSAC) and with assistance from the Gender and Protection Cluster, efforts were made to address gender inequality in the immediate response stage. WFP, in coordination with UNICEF and the FSAC, provided leaflets containing key messages on the proper consumption of high energy biscuits (HEB) to encourage households to prioritize children aged 2-5 years, pregnant women, and nursing mothers in order to meet specific nutrient requirements.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
Since WFP was part of the Government-led Lessons Learned Workshop, no additional evaluation is planned.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
15-RR-CEF-039	Water, Sanitation and Hygiene	UNICEF	NNGO	\$50,000
15-RR-CEF-039	Water, Sanitation and Hygiene	UNICEF	INGO	\$50,000
15-RR-CEF-039	Water, Sanitation and Hygiene	UNICEF	RedC	\$50,000
15-RR-CEF-039	Water, Sanitation and Hygiene	UNICEF	INGO	\$50,000
15-RR-CEF-039	Water, Sanitation and Hygiene	UNICEF	INGO	\$6,506
15-RR-WFP-027	Food Assistance	WFP	INGO	\$73,536
15-RR-WFP-027	Food Assistance	WFP	INGO	\$908
15-RR-WFP-027	Food Assistance	WFP	INGO	\$53,152
15-RR-WFP-027	Food Assistance	WFP	INGO	\$77,047
15-RR-WFP-027	Food Assistance	WFP	INGO	\$13,121
15-RR-FAO-016	Agriculture	FAO	INGO	\$15,000
15-RR-FAO-016	Agriculture	FAO	INGO	\$15,000
15-RR-CEF-041	Education	UNICEF	GOV	\$93,000
15-RR-CEF-041	Child Protection	UNICEF	GOV	\$51,685
15-RR-CEF-041	Education	UNICEF	GOV	\$43,665
15-RR-FPA-013	Health	UNFPA	NNGO	\$30,000
15-RR-FPA-013	Health	UNFPA	INGO	\$30,000
15-RR-FPA-013	Protection	UNFPA	GOV	
15-RR-FPA-013	Protection	UNFPA	INGO	\$30,000
15-RR-FPA-013	Protection	UNFPA	NNGO	\$30,000
15-RR-CEF-040	Health	UNICEF	INGO	\$44,538
15-RR-CEF-040	Health	UNICEF	INGO	\$42,403
15-RR-WHO-012	Health	WHO	GOV	\$58,245
15-RR-WHO-012	Health	WHO	INGO	\$70,000
15-RR-WHO-012	Health	WHO	INGO	\$50,060
15-RR-WHO-012	Health	WHO	NNGO	\$43,000
15-RR-WHO-012	Health	WHO	NNGO	\$43,000

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
ACE	Early Childhood Education
ADRA	Adventist Development and Relief Agency
AWD	Acute Water Diarrhoea
BT	Butterfly Trust
CERF	Central Emergency Response Fund
C-SAM	Community-based management of Severe Acute Malnutrition
DARD	Department of Agriculture and Rural Development
DDK	Diarrhoeal Disease Kit
DFAT	Department of Foreign Affairs and Trade
DGMWR	Department of Geology, Mines and Water Resources
DGMWR	Department of Geology, Mines & Water Resources
DHS	Demographic and Health Survey
ECD	Early Childhood Development
FAO	Food and Agriculture Organization
FRC	French Red Cross
FSAC	Food Security and Agriculture Cluster
GBV	Gender Based Violence
HAP	Humanitarian Action Plan
IDP	internally displaced persons
IMC	International Medical Corps
IOM	International Organization for Migration
IRA	Initial rapid assessments
IYCF	Infant and Young Child Feeding
LOA	Letter of Agreement
MAM	moderate acute malnutrition
MISP	Minimum Initial Service Package
MoET	Ministry of Education and Training
MOH	Ministry of Health
MoJCS	Ministry of Justice and Community Services
MOYSDT	Ministry of Youth and Sports Development and Training
NDMO	National Disaster Management Office