

YEAR: 2018

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
PAPUA NEW GUINEA
RAPID RESPONSE
EARTHQUAKE
2018**

RESIDENT/HUMANITARIAN COORDINATOR	Gianluca Rampolla del Tindaro
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REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.
- A lesson learnt workshop was conducted from 22-23 November 2018.
 - Organisations participated included: ADRA; Australian High Commission, CARE, Caritas Australia, Church Partnership Program, ChildFund PNG, Emergency Controller's Office, Exxon Mobil PNG, FAO, Geoscience Australia, Humanitarian Advisory Group, ICRC, IOM, MSF, National Disaster Centre, New Zealand High Commission, OCHA ROAP, OHCHR, PNG Red Cross Society, PNG Defence Force, UN RCO, United Church PNG, UN Women, UNDP, UNFPA, UNICEF, WFP, World Bank, World Vision.
- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.
- Report on the use of CERF funds was discussed at the PNG Disaster Management Team (HCT-equivalent) meeting on 11 Dec 2018.

YES ☒ NO ☐

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

YES ☒ NO ☐

- Recipient agencies: IOM, UNDP (UNDSS), UNFPA, UNICEF, UN Women, WFP, WHO
- Sector coordinators: Early Recovery, Education, Food Security, Health, Nutrition, Protection, Shelter/NFI/CCCM, WaSH
- Government counterpart: PNG National Disaster Centre

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

The support of the CERF was unequivocally instrumental in enabling the UN to rapidly initiate its life-saving response in a highly challenging operating environment and fulfil its humanitarian mandate in Papua New Guinea. While proving to be catalytic to attracting more donor support, the value of the CERF is more than the total sum of the activities supported. CERF activities formed the backbone of the Highlands Earthquake response by supporting sustained and predictable common services for the humanitarian community and also establishing community networks beyond the lifespan of the response that other development actors continue to leverage on within the context of the humanitarian-development-peace nexus in the Highlands of PNG. This has crucially formed the basis for the development of an area-based programme for the UN in the earthquake-affected provinces of Southern Highlands and Hela which remain severely under-served and conflict-prone by commencing with critical interagency peacebuilding work.

1. OVERVIEW

18-RR-PNG-29464 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	62,000,000
FUNDING RECEIVED BY SOURCE	
CERF	9,186,710
COUNTRY-BASED POOLED FUND (<i>if applicable</i>)	
OTHER (bilateral/multilateral)	13,230,895
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	22,417,605

18-RR-PNG-29464 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)			
Allocation 1 – date of official submission: 13/03/2018			
Agency	Project code	Cluster/Sector	Amount
IOM	18-RR-IOM-011	Emergency Shelter and NFI - Non-Food Items	997,881
IOM	18-RR-IOM-012	Water Sanitation Hygiene - Water, Sanitation and Hygiene	831,247
UN Women	18-RR-WOM-003	Protection - Sexual and/or Gender-Based Violence	200,518
UNDP	18-RR-UDP-006	Coordination and Support Services - Common Safety and Security	222,646
UNFPA	18-RR-FPA-015	Health - Health	228,474
UNICEF	18-RR-CEF-037	Health - Health	434,422
UNICEF	18-RR-CEF-038	Nutrition - Nutrition	1,333,351

UNICEF	18-RR-CEF-039	Protection - Child Protection	404,436
UNICEF	18-RR-CEF-040	Water Sanitation Hygiene - Water, Sanitation and Hygiene	422,986
WFP	18-RR-WFP-023	Food Security - Food Aid	3,235,587
WFP	18-RR-WFP-024	Logistics - Common Logistics	262,874
WHO	18-RR-WHO-013	Health - Health	612,288
TOTAL			9,186,710

18-RR-PNG-29464 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	8,115,149
- Funds transferred to Government partners*	146,593
- Funds transferred to International NGOs partners*	
- Funds transferred to National NGOs partners*	924,968
- Funds transferred to Red Cross/Red Crescent partners*	
Total funds transferred to implementing partners (IP)*	1,071,561
TOTAL	9,186,710

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

On 26 February 2018, a M7.5 earthquake hit the Highlands Region of Papua New Guinea (PNG), with its epicentre located 30km south of Tari in Hela Province. In addition to Enga, Gulf, Hela, Southern Highlands and Western provinces were affected. Many aftershocks, measuring between M4.5 and M6.5, occurred since the initial earthquake, causing widespread panic amongst the local population, and forcing many to remain outside.

On 1 March 2018, PNG Prime Minister Peter O'Neill declared a State of Emergency for Enga, Hela, Southern Highlands and Western provinces to expedite the restoration of essential public services including healthcare services, schools, road access, airports, power and communications facilities. The National Executive Council approved US\$141 million for relief and reconstruction operations, to restore services, and to form an Emergency Disaster Restoration Team.

Based on assessments, Enga, Gulf, Hela, Southern Highlands and Western provinces were impacted, with the Southern Highlands and Hela provinces the worst affected. In these two provinces, North Koroba, South Koroba, Komo Rural, Hulia Rural, Haiyapuga Rural (Hela Province), Nipa Rural, Lake Kutubu Rural (Southern Highlands Province) are the seven most affected Local Level Government (LLG) areas. These LLGs are some of the poorest areas of PNG, with prevailing issues with food security, nutritional and access to health and education, and where many families live in fragile homes constructed from poor quality materials and which were vulnerable to collapse. Over 100 people are known to have died and many more have been injured although the Government has yet to release the official death toll.

According to initial estimates by the PNG Government and corroborated by disaster impact models jointly produced by OCHA and WFP, around 544,000 people in five provinces were affected, and more than 270,000 people are in immediate need of life-saving assistance. WFP also conducted a mobile Vulnerability Analysis and Mapping survey to support assessment efforts while IOM conducted extensive displacement tracking to ascertain the humanitarian impacts to identify key humanitarian

needs. The PNG Government also conducted a damage assessment of the affected provinces which focused on the infrastructure damages.

Large areas of the Highlands Region, including Hela and Southern Highlands provinces, were previously impacted by the El Nino-induced drought in 2015-2016 and leading to significant food insecurity, were again at risk of severe food insecurity as food gardens have been destroyed. The principle water sources for people in the highlands before the earthquake had been surface water and rainwater collection systems. Many of the surface water sources were contaminated, depleted and significantly altered by the earthquakes while rainwater collection systems were destroyed. With no access to safe and clean water, children under five years were at high risk of water-borne disease outbreaks, such as diarrhoea, which was already among the principal causes of under-5 mortality. The two main health facilities in the quake-affected area (Tari and Mendi hospitals) are affected with both hospitals experiencing disruption to both water and power supply resulting in reduced operations, putting pressure on an already fragile health system. Many schools were affected and education programmes in Southern Highlands and Hela Provinces suspended.

Due to the initial quake and the numerous aftershocks, many locals were traumatized. Afraid of returning to their homes, they displaced themselves to informal care centres and move onwards as aftershocks occur. Following the first round of displacement tracking, an estimated 18,000 people were found to be displaced and staying in up to eleven informal care centres, with thousands more staying with families and host communities.

The earthquake and aftershocks have significantly affected children, women and girls, young people, persons living with disability and other vulnerable populations. As was seen during the impact of the El Nino, women and girls are the most vulnerable and marginalized during disasters in PNG as pre-existing gender inequalities are exacerbated. These include restrictive socio-cultural norms and practices, as well as high levels of sexual and gender-based violence, which in the emergency setting in the most affected areas further impacted their well-being, mental health, protection and safety, as well as limited their opportunity for accessing life-saving relief, information and services. Women and girls were particularly traumatized and continued to suffer from several aftershocks. Among women and girls, those who are the most vulnerable and marginalised will be the most impacted – these include women-headed households, women and girls with disabilities, GBV survivors, sorcery survivors, single women, adolescent girls and older women. The area of PNG that is most affected by the earthquake has very strongly held cultural views of the place of women and girls. Women are not usually included in decision-making and are overburdened with domestic and caring responsibilities and household survival.

Humanitarian access was severely constrained by physical remoteness of affected communities situated in locations without road access which required use of light aircraft to reach them. This was further compounded by ongoing widespread armed tribal/communal conflicts in Southern Highlands and Hela Provinces restricted access to communities.

In Southern Highlands and Hela Provinces, there was also a significant lack of presence of potential implementing partners. Aside from local churches, there was no NGO presence which presented challenges in implementing relief activities.

3. PRIORITIZATION PROCESS

The Disaster Management Team (DMT), composed of UN agencies, NGOs, donors and private sector supported the National Disaster Committee (NDC) and sub-national authorities in providing assistance to those most affected by the earthquake. The DMT developed a response plan in close consultation with the Government, outlining the priority populations, geographic scope and needs.

The response plan focused on the immediate humanitarian and life-saving needs of all communities affected by the earthquake. The scale of prioritization was determined by the scientific information and data from the relevant government authorities and further supported by known vulnerability data from WFP's ongoing mobile Vulnerability Analysis and Mapping surveys and IOM's displacement tracking. The PNG Government conducted a damage assessment of the affected provinces which focused on the infrastructure damages while identifying food relief, access to clean water, emergency shelter, health/medical supplies and addressing the psychological needs of survivors as key immediate needs (DMT meeting 2 Mar 2018).

The quantity and quality of relief assistance and services took into consideration the minimum standards set out in national and international guidelines. All assistance was coordinated and managed through established government coordination arrangements (with the National Disaster Centre and the Emergency Controller's Office at the national level and provincial disaster offices/health EOCs in Southern Highlands and Hela province) to avoid duplication and ensure gaps are addressed in response priorities.

Based on the DMT response plan, up to 544,000 people were targeted in the five most affected provinces (Enga, Gulf, Hela, Southern Highlands and Western) with a funding requirement at \$62 million. The three priority groups of affected beneficiaries were determined as follows:

- 37,689 people most severely affected (those in areas of shaking intensity higher than 7.5) – all in 7 LLGs in Hela and Southern Highlands provinces;
- Another 232,753 people next most affected (those in areas of shaking intensity higher than 7.0) – mostly Hela and Southern Highlands provinces with some village from Western Province; and
- 273,926 people affected (those in areas of shaking intensity higher than 6.0) – covering locations in Hela, Southern Highlands, Western and Enga provinces

The operational priorities (discussed and agreed at DMT meeting 11 Mar 2018) focused on the provision of clean water, medicine, emergency shelter and food, while protection and logistics considerations are key to accessing communities in the most affected provinces.

The objectives of the response were:

1. Provide life-saving assistance to people affected by the Earthquake and re-establish basic services.
 - Provide immediate life-saving and life-sustaining safe drinking water, food and health care, to most affected.
 - Restore health facilities and deliver health services.
 - Restore access to education by repairing classrooms and providing water and sanitation facilities and learning materials.
2. Support the restoration of livelihoods and self-reliance.
 - Assist affected people with repair and reconstruction of shelter and housing.
 - Clear, remove and manage debris.
 - Provide seeds, planting material, other agricultural inputs.
3. Provide safety and protection for vulnerable people, including women, girls, boys and men, including provision of transitional shelter.
 - Ensure that the protection needs of communities are met, particularly those most vulnerable.
 - Provide emergency shelter and non-food items for people whose houses have been partially damaged or destroyed.
 - Ensure that people in care centres and other temporary displacement sites have access to safe and secure spaces.
 - Provision of psychosocial support and safety messages to communities, considering ongoing aftershocks including a feedback mechanism to ensure accountability to those affected.

Given that the earthquake struck in an area of PNG that is largely mountainous and with remote communities, there were many challenges in relation to access and logistics. The earthquake damaged infrastructure, including airfields, bridges and access roads. National telecommunications systems and services were severely damaged throughout the affected area. A series of subsequent landslides blocked major roads, limiting access to remote communities. Several small airports and airstrips have experienced damage. Removal of debris and clearing of landslides was undertaken by the Government to enable access to affected areas so that relief supplies could be delivered. Furthermore, persistent low-intensity conflict and high-levels of insecurity, including a proliferation of firearms and tribal conflict, in Hela province presented a significant challenge to field assessments and relief operations.

4. CERF RESULTS

CERF allocated \$9.19 million to Papua New Guinea from its window for rapid response emergencies to sustain the provision of life-saving assistance to people affected by the Highlands Earthquake.

IOM delivered six “Build Back Safer (BBS)” courses to a total of 242 (203 male, 39 female) local carpenters/builders, community leaders and women’s representatives. IOM also distributed 1,000 Community Reconstruction kits and 400 IDP Family Return kits both including basic carpenter’s tools, tarpaulins, rope, wire and nails to benefit 5,400 households (HHs) including 400 IDP HHs. In addition, CARE International undertook the distribution of IOM’s IDP Family Return kits area along with BBS messages to 400 IDP HHs. Overall, a total of 5,800 HHs were reached. 5,000 solar lanterns were also distributed to 1,800 HHs.

IOM reached 140,323 people through its WaSH project. WASH component supported 30,045 people through the distribution of 1,000 WASH kits along with participatory health and hygiene education (PHHE) community awareness-raising sessions participated by 3,498 people; the installation of 17 rainwater harvesting systems with tanks provided by the Government’s Emergency Controller’s Office; delivery of materials for 17 double-compartment (gender-segregated) latrines; and the training of 49 community health volunteers. The Communicating with Communities (CwC) saw the establishment of an interagency CwC Working Group and supported two-way communications between responders and affected people, reaching 110,278 affected people through the broadcast of 2.3 million key life-saving and psychosocial support messages sent by SMS; 1,820 cases registered in an online inter-cluster accountability dashboard; engaging over 550 people in 12 inter-agency community participation forums; and the development of 22 audio and print materials developed targeting communities.

UN Women facilitated access by 1,650 women (at risk of or experiencing SGBV) to life-saving care packages (3 PEP kits benefiting 450 women and 1,200 dignity kits). 10 women and children’s learning, empowerment and protection (LEP) centres were established and run by a network of 110 community mobilisers. 21,000 women and girls were supported with urgent health, psychosocial counselling and safety interventions through these LEP centres. 71,700 women and girls and other vulnerable groups were ensured access to life-saving and protection services through awareness campaigns including 58,000 through online counselling and communications modalities; further 20,000 women and girls reached on GBV prevention messages through on-going community-outreach campaigns.

UNDSS provided dedicated field security support for humanitarian operations through the sustained deployment of 02 UNDSS Field Security Coordination Officers (FSCO) to enable close coordination with PNG security forces to gain humanitarian access. Their deployment complemented the field coordination role of UNDAC/OCHA personnel deployed in coordination hubs in Mendi and Tari. FSCOs conducted daily security briefings, trainings and coordination meetings with all UN humanitarian actors and their implementing partners in Mendi and Tari.

UNFPA distributed 2,500 dignity kits while 7,137 women and girls participated in GBV awareness raising sessions. 1,200 pregnant women received individual clean delivery kits and 10 skilled birth attendants were provided with RH Kits 2B. 100 rape survivors benefited from the clinical management of rape services (RH kit 3) and 500 beneficiaries received STI treatment. 4,733 men were reached with prevention of STI and HIV messages and received condoms. 141 staff were trained on Gender Based Violence in Emergencies (GBViE) and Psychological First Aid, 76 humanitarian actors and frontline service providers on Minimum Initial Service Package (MISP) and Sexual and Reproductive Health in Emergencies (SRHiE) and 67 health staff on Clinical Management of Rape (CMR).

UNICEF reached a total of 768 pregnant women with antenatal care (ANC); 308 new-borns with early essential new-born care; 37,942 children under five with Measles-Rubella (MR) vaccination; 11,710 infants with pentavalent (DTP-HepB-Hib) vaccination; and 28,855 women of reproductive age with tetanus toxoid (TT) vaccination. 243 health workers were trained on an integrated package of immunisation. Approximately 40,000 people in 286 communities were educated and sensitized with maternal, neonatal, child health and immunisation. 107,873 people were reached of which 67,873 included women of reproductive age, pregnant women, and children under five years, alongside neonates who received needed health interventions.

UNICEF provided nutritional screening for 40,874 children under five (20,223 female) and referred 1,044 malnourished children for treatment, of which 184 (96 female) were in severe form. 121 staff were trained in management of acute malnutrition and

provided nutritional supplies and equipment benefiting 1,200 children. Nutrition education on infant/young child feeding was provided which included use of micronutrient powders and cooking demonstrations to 77,768 people (22,739 pregnant and lactating women); and sensitized 144 community support facilitators on infant feeding practices, who were provided a three-month micronutrient powder supply to 42,813 children aged six to 59 months (21,387 female).

UNICEF established 10 Child friendly Spaces and trained a total of 81 psychosocial facilitators and outreach workers. A total of 8,608 children (4,741 boys and 3,867 girls) have received structured centre, school and community based psychosocial support. Additionally, a total of 11,060 people (5,936 male and 5,134 female) were reached with #End violence against children campaign messages.

UNICEF provided 12,993 school children in Southern Highlands with access to improved pit latrines, access to safe water and hygiene practices including menstrual hygiene training. In Southern Highlands and Hela Provinces, more than 123,500 people in communities have access to safe drinking water as well as basic knowledge of water purification for cooking and hygiene. More than 111,708 community members received key messages on good hygiene practices to improve health conditions and prevent the outbreak of disease. UNICEF engaged technical officers from NDOH to conduct water testing of key water sources.

WFP assisted 33,913 food-insecure persons with the delivery of 372.52 MT of food (83 MT of High Energy biscuits, 269.05 MT of rice; and 20.47 MT of government-provided canned fish). A blanket one-month ration was distributed at four distribution sites in Mendi and 25 distribution sites in the Moro theatre accessible only with helicopters. WFP also supported the food security cluster coordinator through its stand-by partnership arrangement. WFP also conducted an earthquake-specific mVAM food security survey.

WFP supported the humanitarian community and the PNG Government as logistics working group coordinator with the working group coordination cell embedded in the office of the national Emergency Controller. Between March and August 2018, the logistics working group coordination cell received 83 requests for assistance, 67 (81 percent) of which could be fulfilled. Where logistics working group could not fulfil requests, it provided supplier contacts and information on transport services to its partners for their own action. WFP built a humanitarian logistics hub in Mount Hagen, which supported partners with the storage and delivery of relief items.

WHO restored the functionality of 77 health facilities including providing quick-fix repairs to 16 facilities. 80 Personal Protection Equipment kits and 80 Infection Control Kits were provided to affected health facilities as well as 1 Inter-agency Health Kit and 1 Cholera Kit covering the potential need of 10,000 affected people. WHO established 2 Provincial Emergency Operations Centres and 2 Provincial Early Warning, Alert and Response Systems (EWARS) with 126 health workers and community leaders trained in reporting and 40 health workers trained in rapid response to diseases outbreaks. 19 health facilities were supported with surge staff. More than 1,000 people were provided with psychological first aid; while 12 mental health specialists were trained and deployed to quake-affected locations. 226 health workers and 14 police/defence force personnel were trained on mental health, trauma and stress management counselling and coping skills while 16,448 children (6 to 59 months old) were vaccinated with Measles and Rubella COV. 38,949 people were directly assisted while another 759,694 people benefited indirectly from the interventions.

5. PEOPLE REACHED

The actual number of people reached overall exceeding the planned numbers was achieved through various factors including improved access to affected communities over the course of the response, extended implementation timeline as well as overachievement of planned numbers by the protection sector. There was some approved geographical variance due to continued lack of humanitarian access in specific locations (Komo LLG, Hela Province) as a result of ongoing low-level armed conflict. There is incidence of some double counting of number of people reached due to the joint implementation of an integrated campaign (child protection, nutrition and health).

18-RR-PNG-29464 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR¹

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Shelter - Common Safety and Security	0	0	0	0	0	0	0	0	0
Shelter - Shelter	9,222	7,378	16,600	7,685	6,455	14,140	16,907	13,833	30,740
Food Security - Food Aid	8,153	8,125	16,278	8,833	8,802	17,635	16,986	16,927	33,913
Health - Health	18,971	34,966	53,937	18,971	34,965	53,936	37,942	69,931	107,873
Common Support Services - Common Logistics	0	0	0	0	0	0	0	0	0
Nutrition - Nutrition	20,223	22,739	42,962	20,651	0	20,651	40,874	22,739	63,613
Protection - Protection	19,067	61,634	80,701	18,741	52,936	71,677	37,808	114,570	152,378
WASH - Water, Sanitation and Hygiene	11,327	67,973	79,300	22,517	70,014	92,531	33,844	137,987	171,831

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

18-RR-PNG-29464 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING²

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	36,652	79,000	115,652	39,014	18,180	57,194	75,666	97,180	172,846
Reached	26,626	112,563	139,189	37,197	134,430	171,627	63,823	246,993	310,816

² 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.

18-RR-PNG-29464 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>		
<i>IDPs</i>		
<i>Host population</i>		
<i>Affected people (none of the above)</i>	172,846	729,643
Total (same as in table 5)	172,846	729,643

6. CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES ☐

PARTIALLY ☒

NO ☐

CERF resources were made available promptly, but agencies faced challenges mobilising sufficient capacity to implement response activities. This was further compounded by the lack of implementing partners in the earthquake-impacted locations to deliver the assistance.

b) Did CERF funds help respond to time-critical needs?

YES ☒

PARTIALLY ☐

NO ☐

CERF funds targeted the most critical key immediate needs of earthquake-impacted communities with a focus on food assistance, access to water, emergency shelter and protection.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☒

PARTIALLY ☐

NO ☐

The implementation of CERF funds was closely coordinated in the field through the development of joint implementation plans and coordinate delivery of assistance. CERF's support of common services for the humanitarian community including logistics coordination and communicating with communities fostered closer coordination between implementing organisations.

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

YES ☒

PARTIALLY ☐

NO ☐

As the Government did not make a formal request for assistance, the release of CERF funds provided donors with a significant signal about the importance of the response. With CERF support, an additional \$13.2m was additionally mobilised.

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

CERF supported the establishment of local community networks that continue to exist beyond the lifespan of the response that other development actors continue to leverage on within the context of the humanitarian-development-peace nexus in the earthquake-impacted locations. Beyond addressing the humanitarian needs from the earthquake, CERF has enabled the establishment of a longer-term UN presence in Southern Highlands and Hela province (where it was not previously present) with a focus on both development and peacebuilding work by providing the operational foothold. Given the significant development challenges in these two provinces pre-crisis, the UNCT has started developing an area-based programme (to commence implementation from 2019) built around establishing a safe and secure environment through peacebuilding activities, and access to basic services. These are aimed at enhancing local resilience to reduce the risk of future humanitarian crises especially those originating from local tribal/communal conflict and poor pre-crisis development indicators.

7. LESSONS LEARNED:

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
CERF support for common services (logistics coordination, common accountability, field security) was instrumental in enabling effective response	To continue supporting key enabling functions

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Agencies' lack of familiarity in implementing and reporting on CERF funded response projects (including common services projects)	Agencies to review internal agency processes with respective HQs to ensure better understanding of CERF implementation including drawing more agency HQ support (CERF focal points) on CERF project management.	UNCT, agency HQs
Lack of partners to implement CERF funded projects	Mapping of partner presence in country	RCO
Not all in-country agencies are equally well placed to manage common services projects than others.	Informal capacity assessment to pre-identify agencies to implement common services components.	RCO, UNCT

PART II

8. PROJECT REPORTS

8.1. Project Report 18-RR-IOM-011 – IOM

1. Project information			
1. Agency:	IOM	2. Country:	Papua New Guinea
3. Cluster/Sector:	Emergency Shelter and NFI - Non-Food Items	4. Project code (CERF):	18-RR-IOM-011
5. Project title:	Emergency shelter assistance to earthquake affected communities in the highland province of Papua New Guinea		
6.a Original Start date:	27/03/2018	6.b Original End date	26/09/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 2)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 6,700,200
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,429,128
	c. Amount received from CERF:		US\$ 997,881
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		

2. Project Results Summary/Overall Performance

Through this CERF RR grant, IOM delivered six "Build Back Safer (BBS)" two-day training courses from 09 to 23 August 2018 to a total of 242 (203 male, 39 female) local carpenters/builders, community leaders and women's representatives from 35 wards¹ including four Care Centres² across Mendi-Munhu and Nipa-Kutubu Districts in Southern Highlands Province (SHP). It covered knowledge and basic skills to assess safer locations and to build/reconstruct stronger houses and community buildings. In the same wards and Care Centres, IOM distributed 1,000 Community Reconstruction kits and 400 IDP Family Return kits both including basic carpenter's tools, tarpaulins, rope, wire and nails to benefit 5,400 households (HHs) including 400 IDP HHs. In addition, CARE International undertook the distribution of IOM's IDP Family Return kits area along with BBS messages to 400 IDP HHs in Mt Bosavi³. Overall, a total of 5,800 HHs were reached.

¹ Similar to a community or village

² A community-hosted site for internally displaced persons

³ Through the coordination called "pipeline" in the Shelter/NFI/CCCM Cluster, co-chaired by IOM and National Disaster Centre (NDC), to facilitate the distribution of available kits purchased by IOM for other humanitarian actors to distribute in their target locations.

Contents/kit:

Type	For	Basic Carpenter's Tools	Other Items	Distribution: Aug - Sep 2018
IDP Family Return Kit	1 IDP HH	1 Handsaw 1 Bush Knives	2 tarpaulins, 1 roll of rope, 1 roll of wire, 4 kinds of nails x 1 pack each	800 to 800 HHs (400 by CARE)
Community Rehabilitation Kit	5 HHs in own community	1 Claw Hammer 1 Garden Spade 1 Axe	Above x 5	1,000 to 5,000 HHs

5,000 solar lanterns were also distributed with 1,800 kits to fill in the specific needs benefitting specifically women and children for their security, study and works after sunset.

3. Changes and Amendments

The original proposal targeted Hela Province and SHP. Under this grant, IOM prioritised affected HHs in Mendi-Munhiu and Nipa-Kutubu Districts in SHP. The limit to only SHP was caused by the discontinuous operations and coordination with local authorities, partners and communities to safely transport, store and distribute kits for the security situation in Hela Province throughout the project period.

After the close of this project, IOM finally started to reach to the remaining beneficiaries in Hela Province from 06 December 2018 under another emergency project funded by USAID with the target to distribute 1,000 IDP Family Return Kits to 1,000 HHs. It was enabled by logistical support from Exxon and collaboration with several churches' networks.

Within SHP, the prioritization of target districts was decided based on the geographical shift of target HHs identified by the results of Displacement Tracking Matrix (DTM) and needs verification field visits between March and June 2018 before the distributions took place in August and September 2018.

Contents of the Shelter/NFIs were modified from the original designed for emergency shelter and "household" needs (including pots, plates, cups, soup spoon, etc.) to for more "return to community" and "community reconstruction" needs as shown in the table in the Section 2. This decision was made by the Shelter/NFI/CCCM Cluster based on the results of DTM and field visits by various members of the cluster showing the rapid return of IDPs to their own communities and the shift of needs from household items.

Regarding Overachievements

People reached under this project is over the original target (3,242 HH, 17,188 individuals, 29% of the estimated 60,000 displaced persons) to be 5,800 HHs, 30,740 individuals⁴, 50% of the estimated 60,000 displaced persons. This is, as explained in the Section 2 and the Section 4a, by the availability of more kits within the budget and by the modification of types of kits based on the shift of target HHs from care centres to their communities.

BBS training overreached about 5 times more people than projected from the original 50 to 242. Regarding the value of the BBS training to promote and sustain new knowledge and skills for the reconstruction of communities with higher resilience to natural disasters, as per initial feedback, the BBS targets were extended to multiple (originally planned one) participants from each community, encouraging community leaders to include female participants, of all target communities of the kits' distribution including the basic carpenter's tools.

Regarding Unspent Funds

⁴ Using national average 5.3 individuals in one HH

There are some unspent funds under this project. As explained above, the distribution plan in Hela, initially intended under this project, was undertaken by another project funded by USAID after the close of this project. The beneficiaries below represent only those covered under CERF-funded activities.

IOM will refund the unspent balance to CERF as soon as the financial report is finalised, providing exact amount unspent.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	5,094	4,096	9,190	4,371	3,627	7,998	9,465	7,723	17,188
Reached	9,222	7,378	16,600	7,685	6,455	14,140	16,907	13,833	30,740

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs	17,188	4,240
Host population		
Affected people (none of the above)		26,500
Total (same as in 4a)	17,188	30,740

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

Shift from IDPs to Affected People:

According to DTM and various visits to affected communities and care centres (between March and June 2018) for assessments and registrations, it appeared that majority of affected people remain in their own communities. Also, IDPs hosted in the care centres soon started to come back to their communities. So, IOM shifted its target groups from only IDPs to Affected People in their communities and smaller number of IDPs still remain in care centres for the trainings and distributions in August and September 2018.

More People Assisted:

Firstly, under this project, IOM could procure more NFI kits than planned (1,800 NFI kits) thanks to co-funding of other funds (USAID and OCHA Emergency Cash Grant) specifically to cover the costs to import high-quality strong tarpaulins (based on the request made by NDC). Also, the 1,800 kits were originally divided as 800 kits for 4,000 HHs in communities for community reconstruction and 1,000 kits for 1,000 IDP HHs who wish to return to their communities to reach 5,000 HHs, 26,500 individuals in total. However, due to the shift of the target groups, IOM reorganized kits to distribute 800 kits for 800 IDP HHs, 1,000 kits for 5,000 HHs in communities for community reconstruction to reach 5,800 HHs, 30,740 individuals. Please see the table in the Section 2.

5. CERF Result Framework	
Project objective	To contribute towards improved living conditions and quality of life through improved and sustained access to immediate and life-saving Shelter/NFI needs for earthquake affected households in Southern Highland and Hela Province.

Output 1	3,242 households (17,188 people) have access to emergency shelter, including shelter grade plastic			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of households reached with shelter assistance	3,242	5,800	Distribution Reports and List of beneficiaries (IOM & CARE International)
Indicator 1.2	# of individuals reached with shelter assistance (disaggregated)	17,188	30,740	Same as above
Indicator 1.3	# of households with access to technical assistance and build back safer (BBS) advice	3,242	5,800 ⁵	Training Reports and List of Participants (IOM) Distribution Report (CARE International)
Indicator 1.4	# of Implementing Partners engaged with distribution and BBS activities	2	1	Distribution Report (CARE International)
Indicator 1.5	# of households reached with extended assistance packages based on identified specific needs	500	5,000	Distribution Reports (IOM and CARE International over 5,000 Solar Lanterns)
Indicator 1.6	% of distribution teams that include women	50%	100% ⁶	Distribution Reports (IOM and CARE International)
Indicator 1.7	% of distributions where protection monitoring teams are on hand for support and monitoring	25%	0% ⁷	Please see footnote, the aim of the indicator was met differently.
Explanation of output and indicators variance:		Please refer to the explanations in the Sections 3 and 4b.		
Activities	Description	Implemented by		
Activity 1.1	Procurement of emergency shelter kits and NFIs to families with houses damaged and destroyed	IOM		
Activity 1.2	Distribution of emergency shelter kits and NFIs to families with houses damaged and destroyed	IOM and CARE International		
Activity 1.3	Distribution and technical assistance for awareness campaigns (Build Back Safer)	IOM and CARE International		
Activity 1.4	Extend existing field office/presence to Hela and South Highland Provinces to facilitate monitoring and support to	IOM		

⁵ HHs can be outreached by 242 trainees of IOM BBS training and Care's BBS messages before the distribution of kits

⁶ IOM's and Care's distribution team always included at least one female staff.

⁷ Mainstreaming of protection was carried out by the internal training on Protection in Humanitarian Response provided by IOM PNG Protection Unit to the IOM staff in Emergency and Disaster Management Unit. The "Code of Conduct for All Emergency Workers" developed by the Department for Community Development and Religion of PNG was briefed to and signed by all staff, consultants, partners and volunteers for community outreach working for all IOM emergency response projects regarding this earthquake, including this project.

	partners on targeting, access and identification of the most vulnerable, especially women, girls and people with disabilities	
Activity 1.5	Deploy rapid response team for targeted distributions at evacuation centres and other IDP/Host family locations identified by IOM DTM or Protection teams in the Highlands region of Papua New Guinea, particularly people with specific needs including women, girls and people with disabilities	IOM
Activity 1.6	Post distribution Monitoring to ensure that the needs of women, girls and people with disabilities have been addressed, including partner additional support in shelter provision and setup	IOM (planned in November 2018)
Activity 1.7	Provide extended assistance packages for people with specific needs these will include targeted distributions for various groups including: pregnant women (e.g. mosquito nets), people with disabilities (additional tools and cash for work for support), women and children (solar lamps with cell phone chargers), transport and construction/shelter setup assistance as needed	IOM

6. Accountability to Affected People

B) Project implementation phase:

IOM utilized the results of DTM and the other visits to affected communities and IDP sites (for registration and verification and registration of beneficiaries) to reflect the shift of geographical locations and needs of IDPs and other affected people.

In the preparation visit to the distribution sites (communities and care centres), IOM explained the distribution plan and the contents of the items and developed a distribution committee per each site to involve representatives of different social groups (such as men and women) from the community or care centre so that the community can contribute to the organized distribution and the utilization of the items as aimed.

Under another IOM CERF project for WASH (18-RR-IOM-012), which is complementary with this project (to provide assistance over emergency and reconstruction shelter needs) by providing assistance over emergency and recovery needs over water supply and sanitation needs, several activities are included to exchange information between humanitarian actors and beneficiaries. The project component called Communication with Communities (CWC) is designed to disseminate life-saving information by SMS and recovery ideas by audio streaming and to capture up-to-date feedback from beneficiaries and other affected people over the remaining needs and provided items and services through hotline, online site and simply by talking with focus groups. Details will be reported in the final report of the project.

C) Project monitoring and evaluation:

IOM always completes a post assistance monitoring (PAM) after a series of distribution of NFI kits and training sessions which includes interviews to beneficiaries to evaluate the quality and the actual utilization of distributed items distributed & trained skills to list up good practices and lessons to develop recommendations for more effective interventions in the future. The PAM for the NFIs with carpenter's tools associated with BBS training including the ones distributed under this project is planned in November 2018. Please see the Section 8 of this report). In PAM, IOM ensures to evaluate if the needs of women, girls, elderly people, people with disabilities and other groups with specific needs have been addressed or not.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned		Actual		
No		No		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
<i>Supplementary information (optional)</i> NA				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p>A post assistance monitoring (PAM) was conducted by IOM's Monitoring & Evaluation Officer from 29 October to 04 November 2018 over the Shelter/NFIs distributed in SHP. The collected data is currently still under analysis. When it is completed, the report will be shared with CERF accordingly.</p> <p>Preliminary Key Findings include:</p> <ul style="list-style-type: none"> The shelter kits were delivered to the correct beneficiaries and improved their welfare. The DTM assessment conducted in the identified care centres in SHP shows that all people who previously took refuge in care centres have returned to their homes. 	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.2. Project Report 18-RR-IOM-012 - IOM

1. Project information			
1. Agency:	IOM	2. Country:	Papua New Guinea
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project code (CERF):	18-RR-IOM-012
5. Project title:	WASH Emergency Response in Earthquake Affected Populations in Southern Highlands and Hela Provinces		
6.a Original Start date:	27/03/2018	6.b Original End date	26/09/2018
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	26/11/2018
6.d Were all activities concluded by the end date (including NCE date)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 2)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 6,700,200
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,429,128
	c. Amount received from CERF:		US\$ 831,247
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		

2. Project Results Summary/Overall Performance
<p>This project reached 140,323 affected people in Southern Highlands Province (SHP) and Hela Province. WASH component supported 30,045 affected people by:</p> <ul style="list-style-type: none"> ▪ The provision of training to 49 community health volunteers; ▪ The distribution of 1,000 WASH kits⁸ along with participatory health and hygiene education (PHHE) community awareness-raising sessions participated by 3,498 people; ▪ The installation of 17 of rainwater harvesting systems with tanks provided by the Emergency Controller's Office; ▪ The delivery of materials for 17 double-compartment (gender-segregated) latrines. <p>The second component started with the establishment of Communicating with Communities Working Group (CwC WG) and bolstered two-way communications mechanisms between humanitarian actors and people in need, reaching 110,278 affected people by:</p> <ul style="list-style-type: none"> ▪ 2.3 million key life-saving and psychosocial support messages sent by SMS; ▪ 1,820 cases registered in the new online inter-cluster accountability dashboard;

⁸ One WASH kit (for one HH) consists of 2 x 10 Litre buckets, 20 x pieces of washing soap, 10 x pieces of bathing soap and 8 sanitary pads.

- Over 550 people participated in 12 inter-agency community participation forums;
- 22 audio and print materials developed targeting communities.

These communication mechanisms and awareness-raising materials will be kept active for any future disasters.

3. Changes and Amendments

No-Cost Extension:

A no-cost two-month extension with the modification of activities was approved on 19 September 2018.

Summary of justification:

1. Unpredictable Security Situations:

On advice from the government and UNDSS, missions to the target areas, especially in Hela Province, for assessment, planning, distribution and training had been repeatedly postponed throughout the project period.

2. Utilization of Water Tanks Purchased by the Emergency Controller's Office (ECO):

The ECO's commitment to procure and allocate large quantities of water tanks to UN and NGOs to install in the affected communities had required much time for coordination at the central and local levels.

3. Change of Information Collection and Sharing Measures for CwC Component:

Considering logistical, security and technical challenges to find service providers and low literacy rates and access to electricity, telecommunication and radio networks of target population, activities were refined maintaining the same objectives and targets.

Activity not Concluded by the Project End Date:

1. Construction of 17 Double-compartment (Gender-segregated) Latrines:

IOM delivered the construction materials by the project end date. However, the completion of the construction by the communities will be completed later. It is because the latrines should be set up after the installation of rainwater harvesting systems, which happened in the last month of the project after the long coordination, and importantly after the inclusive decision-making on the location of latrine in each community. IOM will continue to supervise the construction and utilization of latrines under an existing disaster risk reduction project funded by USAID.

2. CwC Audio and Printed Information Products:

A significant number of revisions were required to ensure the technical and contextual appropriateness of information in English and Tok Pisin. 22 designs of illustrated posters and scripts for awareness-raising were finalized but have not yet printed, recoded and distributed. These will be available for future use on <https://www.humanitarianresponse.info>.

Unspent Balance:

A significant amount of budget originally allocated to purchase tanks was no longer required. IOM sought to reallocate the amount toward increasing the fitting of tanks and construction of latrines in line with priorities of local authorities in Hela Province. However, owing to security restrictions and coordination challenges IOM was unable to do so before the end of the project timeline.

Also, the time for necessary coordination with CERF on the budget for the revised CwC WG activities delayed the start of new CwC WG activities. So, the budget allocated for the printing, recording and distribution of information materials remained unspent.

IOM will refund the unspent balance to CERF as soon as the financial report is finalised, providing exact amount unspent.

4. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	5,094	4,096	9,190	4,371	3,627	7,998	9,465	7,723	17,188
Reached	11,327	36,465	47,792	22,517	70,014	92,531	33,844	106,479	140,323
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees									
IDPs	17,188								
Host population									
Affected people (none of the above)						140,323			
Total (same as in 4a)	17,188					140,323			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	<p>Shift from IDPs to Affected People and More People Reached:</p> <p>WASH - According to the result of displacement tracking matrix (DTM) and various visits to affected communities and care centres (between March and June 2018) for assessments and registrations, it appeared that majority of affected people remain in their own communities. Also, IDPs hosted in the care centres soon started to return to reconstruct their communities. So, IOM shifted its target groups of WASH activities to 100% Affected People in their communities to contribute to their recovery of normal life.</p> <p>CwC - More people were reached due to the SMS blasts delivered. Notably, there were more males reached through these channels, because female ownership of mobile phones. Unfortunately, the mobile phone registration occurred during this period. Unregistered phones were cut off from the mobile phone network. This had serious implications on implementation. Phone calls into the ChildFund call centre were reduced significantly and never recovered to the initial rate of calls.</p> <p>Digicel could provide the number of unique telephone numbers that received SMS messages. However, it is technically difficult and Digicel could not provide sex-age disaggregated break-down.</p>								

5. CERF Result Framework	
Project objective	Contribute towards improved health, hygiene and quality of life of households and communities, schools and clinics affected by earthquake in Southern Highland and Hela Provinces.

Output 1	Improved access to safe water supply and sanitation facilities for earthquake affected communities			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of rain water harvesting systems rehabilitated and adequately equipped for the provision of safe drinking water.	17 water harvesting systems rehabilitated and equipped.	17 rainwater harvesting systems were installed in 17 communities	IOM Report on WASH Activities

Indicator 1.2	Number of schools and clinics that provisioned with a dependable clean water supply system.	6 clinics serving 8,000 people and 6 schools with enrolment of 2,190 students	5 were installed in 5 health facilities, 6 were in 5 schools	IOM Report on WASH Activities
Indicator 1.3	Number of households that have access to clean, safe and regular water	1,000 H/H with (5,300 individuals)	5,078 HH (26,915 individuals)	IOM Report on WASH Activities
Indicator 1.4	Number of schools and clinics using improved sanitation facilities	6 Schools and 6 clinics	Latrines are under construction (See Section 3)	IOM Report on WASH Activities
Explanation of output and indicators variance:		<p>For Indicator 1.4, please refer to “Activity not Concluded by the Project End Date” under Section 3.</p> <p>The rainwater harvesting systems installed in schools and health facilities are not purely for the people to use the health facilities or to attend to or work in the schools. These communities just chose these locations as the best places to set up the system to be used by all people in the communities.</p> <p>Of the 17 rainwater harvesting systems, 11 were installed in schools and health facilities with another 6 in other locations within target communities according to the decision by each community.</p>		
Activities	Description	Implemented by		
Activity 1.1	Rehabilitate rain harvesting water systems.	IOM with target local communities		
Activity 1.2	Conduct water quality testing and taking corrective measures for contaminated sources.	WASH Cluster (Expert from UNICEF)		
Activity 1.3	Rehabilitation of school and health clinic latrines	IOM with target local communities		

Output 2	Improved hygiene practices and awareness of importance in disease prevention at the household level within targeted communities			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of households demonstrating safe health and hygiene practices	1,000 H/H (5,300 Individuals)	660 HHs (3,498 individuals, 2,441 in SHP, 1,057 in Hela Province)	<ul style="list-style-type: none"> IOM WASH Kits Distribution Report IOM PHHE Activity Report PHHE Awareness Completion forms
Indicator 2.2	Number of target households reached through social mobilization activities	1,000 H/H (5,300 individuals)	660 HHs (3,498 individuals, 2,441 in SHP, 1,057 in Hela Province)	<ul style="list-style-type: none"> IOM WASH Kits Distribution Report IOM PHHE Activity Report PHHE Awareness Completion forms
Indicator 2.3	Number of WASH kits procured and distributed	1,000 kits (one per H/H)	1,000 kits (one per HH)	<ul style="list-style-type: none"> WASH kit distribution report Distribution Forms
Explanation of output and indicators variance:		<p>For Indicator 2.1 and 2.2, in the original plan, each of 50 trained community health volunteers would outreach 20 HHs by PHHE community mobilization sessions. In the reality, one could not attend training in Hela Province due to security concerns, 49 (24 in Hela Province, 25 in SHP) were trained. PHHE</p>		

		<p>sessions were planned to be conducted during the distribution missions of WASH kits by the trained volunteers under the supervision and support by IOM team.</p> <p>However, due to security constraint and distance to the distribution sites, especially in Hela Province, such as Lau, Timu and Levani communities, health volunteers could not join in the distribution missions and PHHE sessions have not been conducted for these communities. For Hides 4 community, a no-go zone for UN operations in Hela Province due to insecurity, the distribution of WASH kits was done by a partner and PHHE sessions have not been conducted yet.</p>
Activities	Description	Implemented by
Activity 2.1	Train equip and support community health volunteers and stakeholders on basic health and hygiene promotion.	IOM
Activity 2.2	Provide already developed IEC materials on WASH, to affected communities during PHHE sessions	IOM
Activity 2.3	Procure and distribute WASH kits to target households.	IOM

Output 3	Established two-way humanitarian feedback mechanism for communities affected by the recent earthquakes targeting Southern Highlands, Enga, Western Highlands and Hela.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of affected community members contacting the ChildFund helpline. This is based on an upward estimate of 102 calls a day or approximately 11 calls answered per counsellor.	10,000	1,820	www.png.communityresponsemapp.org
Indicator 3.2	<p>Number of affected community members requesting referrals through Digicel. This number is based on approximately 10% uptake of the messages, which is an upwards estimate from past response rates outside of an emergency situation.</p> <p>(Revised: Number of people receiving life-saving information through Digicel)</p>	10,000	63,978	Report from Digicel on telephone numbers that received SMS messages
Explanation of output and indicators variance:		<p>Indicator 3.1: The shortfall was a result of a significantly different mobile communications operating context in Southern Highlands and Hela provinces (relative to national averages) which has poor cell coverage in remote locations affected by the earthquake as well as low mobile phone ownership and access to phone charging facilities. Some people in affected communities were also more comfortable with accessing similar life-saving information/advice from Learning, Empowerment and Protection centres and community mobiliser networks established by UN Women's CERF-supported project. (Note the project's significant over-achievement of beneficiary numbers accessing the said centres/networks.)</p> <p>Indicator 3.2: The numbers in excess of initial planned target was due to a revision in the information provision approach – adopting a “push” as opposed to a “pull” approach. This enabled the information to reach more beneficiaries.</p>		

Activities	Description	Implemented by
Activity 3.1	Training to ensure that counsellors/provincial focal points are able to field complaints/referrals appropriately, including basic first aid, PSEA and other protection concerns	NA (Activity 3.1 was modified to 3.1.1)
Activity 3.1.1	Community Consultation missions including 16 focus groups carried out by the CwC Working Group and IOM Protection Unit	IOM CwC Working Group (coordinated by RCO)
Activity 3.2	Digicel – SMS Blasts: Approximately 2 SMS blasts for 15 weeks to 50,000 people to disseminate messages and feedback/complaints mechanisms	IOM CwC Working Group (coordinated by RCO) Digicel
Activity 3.3	Digicel – USSD Short codes for communities to provide feedback and complaints using the communication technology that is used to send text between a mobile phone and an application program in the network	NA (Activity 3.3 was cancelled and replaced by the two activities listed as 3.3.1 and 3.3.2)
Activity 3.3.1	A Closed Users Group (CUG) will be set-up to remove the financial burden of volunteers reaching out for support from Agency Field Coordinators.	IOM CwC Working Group (coordinated by RCO)
Activity 3.3.2	150 mobile phones and 150 SIM cards will be made available to volunteers to ensure they are able to communicate more efficiently for urgent messages, such as protection related concerns.	IOM CwC Working Group (coordinated by RCO)
Activity 3.4	PNGFM – Tok Pisin Radio information spots: 30-second information spots during the evening for 15 weeks	NA (As reported in the reprogramming & NCE request, Activity 3.4 was replaced by the two activities listed as 3.4.1)
Activity 3.4.1	Audio messages and printed materials of key messages will be disseminated to affected communities for awareness-raising on disaster risks	IOM CwC Working Group (coordinated by RCO)
Activity 3.5	Online CwC dashboard: Dashboard collating needs and data/responses to and from communities shared with humanitarian partners and common messaging materials. IOM's online feedback platform http://communityresponsemap.org/	IOM CwC Working Group (coordinated by RCO)

6. Accountability to Affected People

A) Project design and planning phase:

The CwC WG completed a rapid assessment to determine which was the communities' most preferred mechanisms of communication and most effective to reach a wide geographic scope. Initial field teams conducted key informant interviews and asked the community engagement core questions to help design the project.

B) Project implementation phase:

WASH:

The selection process of direct beneficiaries and project sites, such as who to get training and kits and where to install tanks and latrines, was owned by targeted communities, IOM and the provincial government authorities just provided technical guidelines to ensure participatory manner promoting gender equality.

Each of 49 trained community health volunteers was tasked to conduct health and hygiene awareness sessions to mobilise his/her community during the installation of rainwater harvesting system.

Target communities were mobilised to collect locally available construction resources such as sand, gravel, stones, labour and local artisans (plumbers, builders and carpenters for construction of the 17 rainwater harvesting systems, and 17 gender disaggregated double compartment latrines.

CwC:

The CwC component of this project were aimed to establish a common accountability mechanism. Through a partnership with ChildFund, a local psychosocial support hotline, affected people's perceptions and feedback on the humanitarian situation and response captured by trained psychosocial support counsellors. The feedback/complaints were captured by a newly established online mechanism, the Community Response Map, which collates the information and makes it available for cluster coordinators and members. CwC WG used this information to design the audio messages and posters.

The Highlands Community Participation Forums focused on community-led responses to humanitarian and development challenges in the communities. Over 400 people discussed their major concerns and opportunities for community organization. This information was used for multiple purposes, including the design of the next phase programming in the Highlands, such as for recovery and peacebuilding.

C) Project monitoring and evaluation:

IOM always completes a post assistance monitoring (PAM) after a series of distribution of kits and training sessions which includes interviews to beneficiaries to evaluate the quality and the actual utilization of distributed items distributed & trained skills to list up good practices and lessons to develop recommendations for more effective interventions in the future. The PAM for all WASH activities is planned in January 2019. In PAM, IOM ensures to evaluate if the needs of women, girls, elderly people, people with disabilities and other groups with specific needs have been addressed or not.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional)

NA

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

	EVALUATION CARRIED OUT <input type="checkbox"/>
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A post assistance monitoring (PAM) mission is planned in January 2019 by IOM's Monitoring & Evaluation Officer.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.3. Project Report 18-RR-WOM-003 - UN Women

1. Project information			
1. Agency:	UN Women	2. Country:	Papua New Guinea
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence	4. Project code (CERF):	18-RR-WOM-003
5. Project title:	Addressing Humanitarian and Protection Needs of Earthquake Affected Women and Girls in PNG		
6.a Original Start date:	26/03/2018	6.b Original End date	25/09/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	NA
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 2)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,258,732
	b. Total funding received for agency's sector response to current emergency:		US\$ 700,000
	c. Amount received from CERF:		US\$ 200,518
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 145,602.06
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		<div>US\$ 0</div> <div>US\$ 0</div> <div>US\$ 145,602.06</div> <div>US\$ 0</div>

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UN WOMEN facilitated access by 1,650 women (at risk of or experiencing SGBV) to life-saving care packages (3 PEP kits benefiting 450 women and 1,200 dignity kits) to enable them to restore their dignity and maintain their personal hygiene.

The project strengthened community-based safety and security mechanisms through setting up of 10 women and children's learning, empowerment and protection (LEP) centres in 7 most affected LLGs in Hela and Southern Highland Provinces. Located within local Church grounds and health clinics, allowing timely access to GBV and PSEA referral pathways, these LEP centres are fully functioning and run by a network of 110 community mobilisers composed of local volunteers who are well respected and influential in the area; 21,000 women and girls supported with urgent health, psychosocial counselling and safety interventions through these LEP centres.

A total of 71,700 women and girls and other vulnerable groups of earthquake survivors in PNG were ensured with life-saving and protection services some of which reached through various awareness campaigns including 58,000 through online counselling and communications modalities in Digicel text blasts and audio messaging; further 20,000 women and girls reached on GBV prevention messages through on-going community-outreach campaigns by community mobilisers.

3. Changes and Amendments

An unspent balance of \$ 2,025.58 will be returned by the end of December 2018. This amount was a result from an expenditure that was captured in the system after the grant agreement period expired on the 25th of September.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	14,400	54,240	68,640	0	0	0	14,400	54,240	68,640
Reached	15,200	56,500	71,700	14,000	47,000	61,000	29,200	103,500	132,700

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs		
Host population		
Affected people (none of the above)	68,640	132,700
Total (same as in 4a)	68,640	132,700
<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>	Achievement exceeds target given enthusiasm and commitment of 110 community volunteers who reached average of 200 people per month with awareness and protection on GBV services.	

5. CERF Result Framework

Project objective	Ensure life-saving and Protection Services for 68,640 Women and Girls Earthquake Survivors in PNG
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Output 1	Increased access to urgent health, psychosocial, and safety interventions for the most vulnerable women and girls (including women headed households, women with disabilities, GBV survivors, sorcery survivors, single women, and older women)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of women and girls who benefit from rapid safety and psychosocial assessments.	20,000	21,000	Registration book at the LEP centres and outreach/counselling activity journals of community mobilisers
Indicator 1.2	Number of women at risk of, or experiencing SGBV, who have access to	1,350	1,650	Distribution list per LEP centre, sign off by a coordinator in the

	emergency relief and care packages calibrated to their specific needs.			respective LEP. 1,200 dignity kits and 3 PEP kits (benefitting 450 women).
Indicator 1.3	Number of women and girls living in affected communities that have information about where to go to receive life-saving care and treatment	68,640	71,700	Reports from LEP coordinators and community mobilisers on how many people on-site during outreach
Explanation of output and indicators variance:		Achievement exceeds target given enthusiasm and commitment of 110 community volunteers who reached average of 200 people per month with awareness and protection on GBV services.		
Activities	Description	Implemented by		
Activity 1.1	Conduct personalized safety and psychosocial rapid needs assessment for women and girls in affected areas (including safety audits).	UNWOMEN, FSVAC		
Activity 1.2	Procure emergency relief and care packages calibrated to their specific needs (including psychosocial counseling, Dignity kits, PEP kits and other direct support	UNWOMEN		
Activity 1.3	Provide women and girls with emergency relief and care packages calibrated to their specific needs (including psychosocial counseling, Dignity kits, PEP kits and other direct support)	UNWOMEN, FSVAC		
Activity 1.4	Undertake information and awareness raising campaigns on key GBV issues, including provision of information on services available /accessible and disseminate GBV prevention messages within the affected communities	UNWOMEN, FSVAC		

Output 2	Safety and security measures are in place to prevent and mitigate GBV and protect survivors			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of LLGs in which safety and security mechanisms are in place and functioning to protect women and girls from violence within the affected communities	7	7	Progress reports from field coordinators supported by visual evidence (photographs)
Indicator 2.2	Number of women and girls who have information on and are served by available safety and security services provided within affected communities	68,640	71,700	FSVAC reports on number of calls received and counselling provided through 1-Tok hotline managed by ChildFund. Updated numbers reached by sms blasts/auto calls by Digicel; Outreach/counselling activity journals of community mobilisers
Indicator 2.3	Number of clusters receiving direct support to integrated gender and protection elements and facilitate delivery of life-saving services for women and girls	7	7	Protection Cluster (which UNW chairs) meeting minutes, gender and protection checklist

Explanation of output and indicators variance:		Achievement exceeds target given enthusiasm and commitment of 110 community volunteers who reached average of 200 people per month with awareness and protection on GBV services.
Activities	Description	Implemented by
Activity 2.1	Establish gender sensitive community-based mechanisms and Implement comprehensive plans/ procedures to address safety and security concerns of women and girls at community level	UNWOMEN, FSVAC
Activity 2.2	Disseminate safety and security plan and other information and provide related services to women and girls in all affected LLGs	UNWOMEN, FSVAC
Activity 2.3	Technical support to coordinated inter-cluster response to integrate gender and protection considerations, including readiness to intervene in specific areas in cases of urgent need	UNWOMEN

6. Accountability to Affected People

A) Project design and planning phase:

The project was designed in close consultation with partners and communities on the ground. The rapid needs assessment process ensured that the needs and concerns of the affected women and girls were prioritised and taken on-board during the project design.

B) Project implementation phase:

The key premise of project implementation was strengthening of pre-existing community-based mechanism and to build on existing communications and learning processes as a desired format for resource mobilisation and accountability to affected people. These mechanisms included: (1) consolidation of individuals of standing, influence, and good reputation in the community, nominated and verified by the Catholic diocese and other local partners from seven most affected LLGs in Southern Highlands and Hela Provinces. Forming part of a network of community mobilisers, 110 individuals consisted of the local health workers, village court officials, women advocates, ward councillors, clergy (pastors) and church volunteers, village leaders, and youth leaders. This network of community mobilisers provided access and insights into affected communities; facilitated access to psychosocial-support services; strengthening the existing reporting and accountability channels at community level; and stimulated dialogue with communities; (2) establishment of 10 local Learning, Empowerment and Protection centres (LEP) in seven most earthquake affected LLGs. The LEP centres became the relevant venues in supporting urgent health, psychosocial and safety interventions, and for communal meetings where information was gathered and disseminated.

C) Project monitoring and evaluation:

The accountability to affected population hinged on the aforementioned network of a total of 110 community mobilisers, as part of integrated community feedback and complaint mechanism.

Moreover, regular project monitoring, in both qualitative and quantitative form were put in place and utilised to track progress of activities, for early warning of processes that needed corrective action, and to create opportunities to reflect critically on the progress of implementation, and to build understanding and capacity amongst those involved in the project.

Regular field visits were also carried out to beneficiaries and partners to ensure that activities respond to the objectives and indicators of the project.

The CERF funded activities were implemented for a period of six months with FSVAC as implementing partner (collaboration with the UNICEF and UNFPA). The aforementioned agencies formed part of a management team, meeting fortnightly to coordinate, share information sharing, monitor progress, draw expertise and leverage resources from partner agencies for enhanced implementation.

A Field Coordinator (RedR deployee) based in Mendi, SHP supported the programme and provided overall coordination of humanitarian response as well as monitoring and evaluation.

7. Cash-Based Interventions				
7.a Did the project include one or more Cash Based Intervention(s) (CBI)?				
Planned		Actual		
No		No		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
<i>Supplementary information (optional)</i> NA				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
A dedicated evaluation for CERF funded activities was not planned and budgeted. However, CERF funded activities were reinforced by a joint response with UNICEF and UNFPA, in the Learning, Empowerment and Protection for women, girls and children in earthquake affected areas. Key findings from LEP final review suggested that the joint humanitarian response was able to (i) supplement (not substitute) local efforts and reinforce local capacities; (ii) fill a gap of services at community level; (iii) strengthen pre-existing community-based referral mechanism. In addition, partner agencies brought in their individual comparative advantages and positioning in the sectors, which allowed the programme to effectively bring stakeholders from child protection, health services, local magistrates, and church-based institutions into one platform of referral pathway for earthquake affected communities.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.4. Project Report 18-RR-UDP-006 - UNDP

1. Project information			
1. Agency:	UNDP	2. Country:	Papua New Guinea
3. Cluster/Sector:	Coordination and Support Services - Common Safety and Security	4. Project code (CERF):	18-RR-UDP-006
5. Project title:	UNDSS Security Support for Humanitarian Operations to 7.5 Magnitude Earthquake affected areas in Southern Highlands and Hela Province		
6.a Original Start date:	19/03/2018	6.b Original End date	18/09/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	NA
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 222,646
	b. Total funding received for agency's sector response to current emergency:		US\$ 222,646
	c. Amount received from CERF:		US\$ 222,646
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
		<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 	

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNDSS PNG provided dedicated security support for the expanded lifesaving humanitarian operations in the Highlands of PNG, implemented by UN humanitarian agencies and their implementing partners. The sustained deployment of UNDSS Field Security Coordination Officers (FSCO) was essential to enable close coordination with PNG security forces, both Defence Force and Police personnel, particularly to gain access to remote villages and locations affected by the earthquake through the provision of security escorts for all movements from humanitarian actors and their implementing partners.

CERF funds assisted UNDSS Office PNG to cover the operational costs to maintain a sustained presence of 02 UNDSS FSCOs during the entire emergency response period. Their deployment complemented the field coordination role of UNDAC/OCHA personnel deployed in Mendi and Tari. These centres were the hubs where PNG authorities and humanitarian actors coordinated all missions and deployment of humanitarian aid. These were also key nodes to coordinate the assignment of military and police personnel to facilitate humanitarian access through the provision of security escorts through roads and areas with heavy presence of armed groups.

In addition, deployed UNDSS FSCOs conducted daily security briefings, trainings and coordination meetings with all UN humanitarian actors and their implementing partners in Mendi and Tari, provided daily security situation reports to all staff participating in the emergency response operations.

This was further complemented by the establishment of enhanced security procedures prior departure in Port Moresby, mandatory pre-deployment checklists and security briefings, and mandatory briefings upon arrival to all UN personnel participating in the humanitarian response operations. These were essential to increase security awareness among all UN personnel as well to provide updated information and basic skills to respond in case an emergency situation arose.

3. Changes and Amendments

NA

4. People Reached

4a. Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned									
Reached									

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs		
Host population		
Affected people (none of the above)		
Total (same as in 4a)		
<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>		

5. CERF Result Framework

Project objective	Provide dedicated security support for the expanded lifesaving humanitarian operations the Highlands of PNG
Output 1	<p>Security support provided to UN humanitarian workers and their implementing partners to fulfil their mandates in a more safe and secure fashion.</p> <p>Increased security information sharing and awareness in support of humanitarian operations in newly targeted areas for humanitarian response in north-eastern Nigeria</p>

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of security risk assessments (SRM)	4 SRMs (priority areas will be identified by HCT) to be conducted	100 %	Two SRM Highlands region and four specific SRA for Hela and Southern highlands provinces
Indicator 1.2	Number of analytical reports and advisories	10 bi-weekly analytical reports and advisories issued	100%	Daily, weekly and Monthly reports, in addition Security advisories and updates submitted via email and WhatsApp to all staff participating in the emergency response, including Implementing partners
Indicator 1.3	Increase security information sharing and cooperation on security issues through regular security briefings at UN Area Security Management Team (ASMT) and INGOs meetings	20 weekly briefings provided at ASMT and INGO meetings	100%	Weekly Security Briefings conducted by FSCO in Hela and Southern Highlands provinces from April to September 2018
Indicator 1.4	Ensure situational awareness and effective operational planning through provisions of security reports (daily, weekly, alerts)	100 daily situation reports	100%	Daily Sitreps disseminated to all UN humanitarian actors and Implementing Partners from 01 April to end of September 2018
Explanation of output and indicators variance:		NA		
Activities	Description	Implemented by		
Activity 1.1	Conduct Security Risk Assessments and security analysis - compile and distribute respective documents	UNDSS		
Activity 1.2	Establish and hold regular security briefings at UN and INGO meetings – built effective security cooperation through networking	UNDSS		
Activity 1.3	Establish effective security information collection and reporting mechanisms. Compile Daily Sitreps, Weekly reports and alerts - and share these effectively.	UNDSS		

Output 2	Operational support to humanitarian organizations operating in the Highlands region of PNG			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Establish and maintain UNDSS presence and a security operations centre in the highland region to cover Mt Hagen, Mendi and Tari	Maintain 2 UNDSS staff on mission (rotational basis)	100%	Two UNDSS FSCO deployed on sustained basis in Highlands region during the entire humanitarian response operations

Indicator 2.2	Conduct security assessment and operational support missions	100 missions conducted- All areas of humanitarian activities covered	100%	UNDSS provided dedicated and sustained support to UN humanitarian actors and Implementing partners in Highlands region during the entire emergency response operation from April to September 2018
Indicator 2.3	Establish effective security coordination with PNG Security forces (Defence and Police) in the highlands region	Coordination established and maintained with security officials in all hub locations	100%	Complemented field coordination hub (UNDAC/OCHA) established in Mendi and Tari
Explanation of output and indicators variance:		NA		
Activities	Description	Implemented by		
Activity 2.1	Establish UNDSS presence	UNDSS		
Activity 2.2	Conduct Missions	UNDSS		
Activity 2.3	Coordinate with host country	UNDSS		

6. Accountability to Affected People

B) Project implementation phase:

Deployed FSCOs accompanied implementing agencies during selected field missions to communities. Informal feedback received through interacting with communities was relayed to implementing agencies. FSCOs also participated in two Communicating with Communities missions (Hela and Southern Highlands) as part of the humanitarian community's established community engagement mechanism.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional)

NA

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

NA

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

8.5. Project Report 18-RR-FPA-015 - UNFPA

1. Project information			
1. Agency:	UNFPA	2. Country:	Papua New Guinea
3. Cluster/Sector:	Health - Health	4. Project code (CERF):	18-RR-FPA-015
5. Project title:	Ensuring Lifesaving Sexual and Reproductive Health services		
6.a Original Start date:	26/03/2018	6.b Original End date	25/09/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	NA
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 768,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 677,505
	c. Amount received from CERF:		US\$ 228,474
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 58,267
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 0 US\$ 0 US\$ 58,267 US\$ 0

2. Project Results Summary/Overall Performance

UNFPA with the support of CERF RR grant and in collaboration with its implementing partners including PNG Family Health Association (PNGFHA) and Diocese of Mendi (Catholic Church) and strategic partners, the National Department of Health and Provincial Health Authorities in Southern Highlands and Hela, was able to procure and distribute 2500 dignity kits to women in hard reach affected area including no-go area for UN staff in order to meet needs of adolescent girls and pregnant women and lactating mothers and enable them to maintain their dignity in emergency situation. Distribution of kits was done along with awareness raising sessions on GBV for 7,137 women and girls and was carried out by UNFPA Staff and PNGFHA in SHP and Hela provinces.

In addition, 1,200 pregnant women received individual clean delivery kits and 10 skilled birth attendants were provided with RH Kits 2B containing clean delivery kits and other items. Through this project, 100 rape survivors benefited from the clinical management of rape services provided through the use of RH kit 3 and 500 beneficiaries received treatment for STIs. Furthermore, 4,733 men reached with prevention of STI and HIV messages and distributed with condoms.

UNFPA with the support of its implementing partners trained 141 staff on Gender Based Violence in Emergencies (GBViE) and Psychological First Aid, 76 humanitarian actors and frontline service providers on Minimum Initial Service Package (MISP) and Sexual and Reproductive Health in Emergencies (SRHiE) and 67 health staff on Clinical Management of Rape (CMR).

UNFPA conducted several monitoring missions through regular field visit. The presence of UNFPA staff on the field level ensured sustained coordination with local government counterparts and partners including Provincial Health Authorities (PHA), making sure that

the multi-sectoral approach was used in ensuring that RH and GBV needs and concerns of the affected population were consistently addressed.

3. Changes and Amendments

UNFPA with support from its implementing partners was able to reach to the target beneficiaries of the project. Some of the targets were over-achieved due to the needs in affected area and also in-kind contribution of IPs in implementing of activities such as providing training venue for conducting training and also transportation services for distribution of kits which enabled saving of some money which was used to provide training for additional service providers.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	5,000	12,000	17,000		4,000	4,000	5,000	16,000	21,000
Reached	6,162	14,378	20,540		4,733	4,733	6,162	19,111	25,273

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs		
Host population		
Affected people (none of the above)	21,000	25,273
Total (same as in 4a)	21,000	25,273
<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>	NA	

5. CERF Result Framework

Project objective	Provision of sexual and reproductive health and GBV prevention and response services to 17,000 women and girls and 4,000 men in earthquake affected areas
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Output 1	Providing life-saving sexual and reproductive health services targeting pregnant women, vulnerable women and girls			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of pregnant women and women of reproductive age receiving SRH information and services including	5,000	6,682	PNGFHA report

	counseling through static facilities and mobile/outreach services			
Indicator 1.2	Number of health facilities and safe spaces providing reproductive health services and supplies to earthquake affected populations	10	25	PNGFHA report and UNFPA RK kits distribution form
Indicator 1.3	Number of health workers with the capacity to response in SRH interventions in emergencies including providing clinical management of rape (CMR) services	50	67	Mission Reports
Indicator 1.4	Number of men reached with prevention of STI and HIV messages and distributed with condoms	4,000	4,733	PNGFHA report and UNFPA RK kit distribution form
Explanation of output and indicators variance:		NA		
Activities	Description	Implemented by		
Activity 1.1	Procurement of RH kits and supplies for essential reproductive health care (Kit 1A, 2A, 2B, and 5)	UNFPA		
Activity 1.2	Distribution of RH kits and condoms to health centers and affected communities	UNFPA and PNG Family Health Association in collaboration with PHAs		
Activity 1.3	Conduct orientation and training sessions on MISP in SRH in Emergency and Clinical Management of Rape	UNFPA in collaboration with PNG Family Health Association and Diocese of Mendi		
Activity 1.4	Provision of SRH and GBV services including through mobile outreach including awareness raising sessions on prevention of STI and HIV	PNG Family Health Association in collaboration with PHAs		

Output 2	Supporting protection of the dignity and safety of women and girls from sexual and gender-based violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of women and girls of reproductive age, survivors of SGBV and pregnant women and lactating mothers reached through dignity kits	2,500	2,500	Distribution form
Indicator 2.2	Number of women, adolescent girls of reproductive age sensitized on GBV risk mitigation and response through information sessions in safe spaces and through mobile/outreach clinics	5,000	7,137	PNGFHA report and UNFPA GBV coordinator report
Indicator 2.3	Number of service providers with the capacity to provide S/GBV services	25	59	Registration form
Indicator 2.4	Number of monitoring visits to affected project areas	4	4	Mission reports
Explanation of output and indicators variance:		NA		
Activities	Description	Implemented by		
Activity 2.1	Provision of GBV services, and awareness raising information in the areas of displacement, return/relocation through outreach and mobile teams and establish safe spaces	UNFPA and PNG Family Health Association		

Activity 2.2	Procurement of Dignity Kit and Post Rape Kit (kit 3)	UNFPA
Activity 2.3	Distribution of Dignity Kits through community-based outreach and women's centers.	UNFPA in collaboration with PNG Family Health Association
Activity 2.4	Provision of medical services and counselling to survivors of violence including through Women's Safe spaces	PNG Family Health Association and Diocese of Mendi (Catholic Church) in collaboration with PHAs
Activity 2.5	Conduct orientation and training sessions on GBV in Emergency	UNFPA
Activity 2.6	Conduct monitoring and supportive supervision visits	UNFPA

6. Accountability to Affected People

A) Project design and planning phase:

This project was designed based on needs assessed in the immediate aftermath of the earthquake in consultation with various health workers, family support centres and local government officials on the ground. In addition, beneficiaries were consulted throughout the process of implementation of activities and their feedback helped to plan more interventions including conducting the second round of Clinical Management of Rape training.

B) Project implementation phase:

Implementation of project was undertaken by the support of implementing partners including PNG Family Health Association and Diocese of Mendi (Catholic Church). PNGFHA through social mobilization campaign ensured to inform local communities about available relief services and involve them in providing services. In addition, UNFPA ensured to engage local authorities including Provincial Health Authorities (PHA) in development of distribution plan for Reproductive Health Kits and Dignity kits and distribution of them. Furthermore, all training sessions were conducted in collaboration with IPs, local authorities and other humanitarian entities including UN agencies (UNWOMEN and UNICEF) on the ground and based on the needs of the community. UNFPA had staff on the ground in the affected areas, who were directly involved with the implementation of the activities, together with implementing partners and PHA.

UNFPA personnel also participated in two Communicating with Communities missions to Southern Highlands and Hela provinces.

C) Project monitoring and evaluation:

UNFPA maintained close communication with its IPs (PNG Family Health Association and Diocese of Mendi) and with communities through its partners and through direct consultation where feasible including those who attended in training sessions which were conducted in highlands. As part of monitoring and evaluation, participants of training were requested to complete the training evaluation form and provide feedbacks in order to enable UNFPA and its implementing partners to adjust the training plans and awareness raising sessions and make improvement in interventions.

Four monitoring visits were carried out by UNFPA staff based in Mendi and Port Moresby to ensure that targeted population is being reached through the interventions.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
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	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
<i>Supplementary information (optional)</i> NA				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation was planned in the proposal submitted to CERF for the project entitled "Ensuring Lifesaving Sexual and Reproductive Health services" in Southern Highlands and Hela Provinces.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.6. Project Report 18-RR-CEF-037 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Papua New Guinea
3. Cluster/Sector:	Health - Health	4. Project code (CERF):	18-RR-CEF-037
5. Project title:	Health Emergency interventions to the Earthquake affected populations of Papua New Guinea, particularly for children under five years		
6.a Original Start date:	08/03/2018	6.b Original End date	07/09/2018
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	12/10/2018
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,200,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 820,177.70
	c. Amount received from CERF:		US\$ 434,422
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ \$185,839
	▪ Government Partners		US\$ 54,403
	▪ International NGOs		US\$ 0
▪ National NGOs		US\$ 131,436	
▪ Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNICEF and its implementing partners could reach a total of 768 pregnant women with antenatal care (ANC); 308 new-borns with early essential new-born care; 37,942 children under five with Measles-Rubella (MR) vaccination; 11,710 infants with pentavalent (DTP-HepB-Hib) vaccination; and 28,855 women of reproductive age with tetanus toxoid (TT) vaccination. A total of 243 health workers were trained on an integrated package of immunisation including cold chain and vaccine management, maternal care, early essential new born care, child health, psychosocial support, and health promotion on child-centred package of interventions. Approximately 40,000 people in 286 communities were educated and sensitized with maternal, neonatal, child health and immunisation interventions to increase uptake of life-saving interventions package by the affected children and women.

The CERF support enabled UNICEF and partners to reach 107,873 people of which 67,873 included women of reproductive age, pregnant women, and children under five years, alongside neonates who received needed health interventions. All health indicators fulfilled UNICEF's core commitment for children (CCCs) and Health Emergency Preparedness Initiatives (HEPI) standards with effectively planning and delivery of lifesaving health interventions to those affected in Southern Highlands and Hela provinces between March and September 2018.

3. Changes and Amendments

A No-cost extension was requested and approved by the CERF Secretariat due to:

- Change of locations due to security constraints. Accessing the planned LLGs required UN security-cleared permits that was not feasible due to tribal warfare and other conflicts. Access in some LLGs in SHP and entire Hela gained only in mid-July 2018 when “catch-up” work started. UNICEF’s partners were implementing through quick helicopter or small light plane stops or through remote programming to deliver in these LLGs. None of these approaches was successful for the labour and time intensive work, as there was a need to have face to face coaching, mentoring and guidance to effectively kick-off the implementation, as well as cold chain preserved vaccines and transportation arrangements were needed for the community health workers to do the time intensive outreach work.
- Changes in baseline. The 2011 Census projections were used to estimate the baseline population in earthquake affected areas, by age group and LLG. During micro-planning and implementation, it became evident that there were large discrepancies in denominators (target population) with overestimation that was corrected with revised targets.
- Changes in budget lines. There was no budget initially allocated for security and transport costs because the plan was to “piggy-back” on a different CERF project, which was not possible as supplies arrived at different time and had to be transported separately. Health project incurred additional security and transport cost, which was adjusted. Another change to the budget line is that qualified local consultants for mentoring/guiding could not be found and so a second international consultant was sourced.
- National Public Health Emergency. The government declared the national public health emergency on 25 June 2018 following outbreak of polio that constrained implementation of CERF supported integrated maternal and child health interventions as the entire health system pivoted away from an integrated approach of service delivery, as planned in the CERF projects, to a focus on containing the disease outbreak. One of the constraints to the health campaign in Hela, resulting from the earthquakes, was breakages to the vaccine cold chain, however provision of CERF-funded cold boxes plus purchasing and then installation of new refrigerators enabled the campaign to roll out in late July-August but got interrupted due to polio emergency response as the Provincial Health Authority had to stop working on the earthquake response campaign in order to carry out a polio response campaign.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	36,652	79,000	115,652	39,014	0	39,014	75,666	79,000	154,666
Reached	18,971	34,966	53,937	18,971	34,965	53,936	37,942	69,931	107,873

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>		
<i>IDPs</i>		
<i>Host population</i>		
<i>Affected people (none of the above)</i>	154,666	107,873
Total (same as in 4a)	154,666	107,873
<i>In case of significant discrepancy between planned and reached beneficiaries, either</i>	<i>The significant discrepancies identified were amongst the following targets of:</i>	

<i>the total numbers or the age, sex or category distribution, please describe reasons:</i>	<p>a. Pregnant women: Most had done pre-planned ANC appointments at health facilities, hence were not available during outreach antenatal care services, provided by trained health workers.</p> <p>b. Neonates: Most neonates were either at the Postnatal ward being observed prior to being discharged home, whilst others who were at home, were not sick and so caregivers didn't see it necessary to take them out of their homes; during the outreach, integrated campaign; to be provided EENC services.</p> <p>c. Women of Child-bearing age (WCBA): There had been a serious overestimation for this age group as the needs assessment of those affected within this group, was done based on the PNG 2011 Census report, that has information for Districts and not LLGs. Whereas, implementation of TT vaccinations, were done within community catchments that made up only a portion of the district or LLG population.</p>
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5. CERF Result Framework

Project objective	Provide basic lifesaving interventions targeting 75,666 children and 79,000 women of child bearing age (15-49 years) located in the two affected provinces of Hela and Southern Highlands
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Output 1	1. Women and children in affected areas are vaccinated with all antigens as per national immunisation policy 2. Pregnant mothers and new-borns receive quality health care in affected sites Infants and children under 5 years vaccinated with Pentavalent, MR and PCV			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Increased vaccination coverage of Pentavalent vaccine (DTP-HepB-Hib) amongst the infants (children under one year)	6,280	11,710	Implementing Partner's results database (CDM, SHP and Hela Provincial Health Authority); UNICEF Sit-rep September
Indicator 1.2	Increased vaccination coverage of MR vaccines amongst children under 5	41,616	37,942	Implementing Partner's results database (CDM, SHP and Hela Provincial Health Authority); UNICEF Sit-rep September
Indicator 1.3	Increased vaccination coverage of PCV vaccines amongst the infants (children under one year)	6,280	10,754	Implementing Partner's results database (CDM, SHP and Hela Provincial Health Authority); UNICEF Sit-rep September
Indicator 1.4	Number of cold boxes delivered to help transport vaccines in areas with damaged cold chain equipment	15	15	Implementing Partner's results database (CDM, SHP and Hela Provincial Health Authority); UNICEF Sit-rep September
Indicator 1.5	Number of vaccines carriers delivered to help transport vaccines in areas with damaged cold chain equipment	30	30	Implementing Partner's results database (CDM, SHP and Hela Provincial Health Authority);

				UNICEF Sit-rep September
Explanation of output and indicators variance:		There are discrepancies observed in targets achieved for certain indicators, because of the overestimation done during the planning phase; using projected 2011 census data for affected districts. There were on the contrary some targets for some indicators and certain age groups underestimated initially and observed increased number of children reached against planned targets.		
Activities	Description	Implemented by		
Activity 1.1	Procurement of cold chain equipment (10 refrigerators for restoration of damaged equipment)	UNICEF		
Activity 1.2	Distribution, installation and commissioning of cold chain equipment in all 15 facilities damaged by the earthquake in Hela and SHP	UNICEF		
Activity 1.3	Distribution of passive containers (cold boxes and vaccine carriers) to transport and deliver vaccines in the areas with damaged cold chain equipment	UNICEF		
Activity 1.4	Conduct an integrated multi-antigen vaccination campaign in the affected LLGs	UNICEF, Government, FBOs (CDM), and NGOs		

Output 2	Pregnant Mothers and neonates receive quality health care services			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of pregnant women have access to antenatal services (at least one visit)	2,370	768	Implementing Partner's results database (CDM, SHP and Hela Provincial Health Authority); UNICEF Sit-rep September
Indicator 2.2	Number of new-borns resuscitated at the health facilities	475	308	Implementing Partner's results database (CDM, SHP and Hela Provincial Health Authority); UNICEF Sit-rep September
Indicator 2.3	Number of new-borns received hypothermia alerting device for continuous monitoring of temperature	950	206	Implementing Partner's results database (CDM, SHP and Hela Provincial Health Authority); UNICEF Sit-rep September
Indicator 2.4	Number of Interagency Emergency Health Kits (IEHK), basic unit, delivered at the health facilities	20	20	Implementing Partner's results database (CDM, SHP and Hela Provincial Health Authority); UNICEF Sit-rep September
Explanation of output and indicators variance:		Similar to above output indicators, there were overestimations done for the target groups under this output, due to the planning phase having utilized		

		incorrect estimates of actual target groups as estimates were calculated using the 2011 Census. The target has been revised during mid-course correction phase while implementing the project. The figures shown are revised target. Attaining the targets were also constraint by the suspension of the earthquake response activities due to polio outbreak emergency responses.
Activities	Description	Implemented by
Activity 2.1	Procurement of Neonatal Resuscitation equipment, Hypothermia alerting device and IEHK	UNICEF
Activity 2.2	Storage and distribution of Neonatal Resuscitation equipment, Hypothermia alerting devices and IEHK to provincial hospitals and health facilities in Hela and SHP.	UNICEF
Activity 2.3	Conduct regular monitoring missions jointly with partners to provide technical and management oversight and quality assurance of the project	UNICEF, Government, Churches (CDM), NGOs, and other UN partners (WHO, UNFPA)

6. Accountability to Affected People

A) Project design and planning phase:

The CERF health project ensured the affected people engagement and participation to contribute to the design and planning of responses through joint UN-Govt. rapid assessment conducted immediately after earthquake stroke that included interviewing affected people, assessing the risks and prioritising the response interventions. UNICEF's Health and Emergency Officers participated and facilitated health cluster-led assessment of health-related risks engaging the affected people. The affected people's views, opinion and expectations were collected through organising group discussion, one-to-one discussions and interviews with various groups including tribal leaders, church leaders, teachers, students, women, young people and adolescents.

B) Project implementation phase:

The views, expectations and opinion of the affected people were collected and incorporated while they were engaged in assisting UNICEF and its implementing partners to organise, manage and deliver life-saving supplies and services. The community health volunteers of church-based organisations and NGOs were selected from the affected community to promote life-saving messages. A total of 64 community health volunteers including students, young people, and women were trained who disseminated the messages about health project's lifesaving services delivered by 243 trained healthcare providers. Training and orientation sessions for the health volunteers and workers were organised in the affected provinces from 16th to 21st of April. The affected people represented by local health workers, volunteers and health facility managers were also engaged in micro-planning and selecting service-delivery sites. The trained community volunteers and health workers collected feedback from the members of the affected community and shared the feedback at the daily Emergency Operations Centre (EOC) meeting to review and adjust the priorities and approaches.

C) Project monitoring and evaluation:

Monitoring and Evaluation (M&E) was done jointly by UNICEF, Government (PHA) and CDM staff to complement the existing routine M&E systems of PHA with introduction of Humanitarian Performance Monitoring (HPM) system. The M&E Officers of CDM was responsible for visiting the service delivery sites on a biweekly basis when they collected feedback from affected people. UNICEF also hired an international M&E expert who regularly coached and supported both government and CDM staff on how to engage the affected people while collecting data/report. Exit interviews and discussions were held by the officers and staff of UNICEF and partners to collect the views and expectations of mothers and care-givers of children. The affected people represented by local community health volunteers, tribal and church leaders also participated the external joint programme reviews.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned		Actual		
No		No		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
<i>Supplementary information (optional)</i> NA				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p>The evaluation of CERF health project was not planned and budgeted, therefore, it was not conducted. However, UNICEF together with its partners conducted the following programme reviews:</p> <p>a. <u>External multi-sectoral review meeting:</u> UNICEF with government counterparts alongside other UN agencies, churches, and NGOs convened review meeting twice during implementation phase to review the progress and achievements, challenges and opportunities and recommend way-forward to fully achieve the planned results. These two multi-sector joint reviews were held on 31 May and 8 June 2018.</p> <p>b. <u>Internal emergency review meeting:</u> UNICEF emergency focal points were called to discuss their observations in the field on program status, challenges, results achieved and to propose context-based solutions, requiring further management attention and support. The meeting was held on 11 June 2018.</p>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.7. Project Report 18-RR-CEF-038 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Papua New Guinea
3. Cluster/Sector:	Nutrition - Nutrition	4. Project code (CERF):	18-RR-CEF-038
5. Project title:	Life-saving nutrition interventions to the Earthquake affected populations of Papua New Guinea, particularly for children under five years		
6.a Original Start date:	12/03/2018	6.b Original End date	11/09/2018
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	12/10/2018
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 3,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,880,113
	c. Amount received from CERF:		US\$ 1,333,351
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 352,428
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 17,129 US\$ 0 US\$ 335,299 US\$ 0

2. Project Results Summary/Overall Performance
<p>UNICEF and its partners used CERF RR grant to provide nutritional screening for 40,874 children under five, 20,223 of whom were females and referred 1,044 malnourished children for treatment, 184 (with 96 females) of whom were in a severe form. Funds were also used to train 121 staff in management of acute malnutrition and provided nutritional supplies and equipment benefiting an estimated 1,200 children. Additional support was provided nutrition education on infant and young child feeding that included use of micronutrient powders and cooking demonstrations to 77,768 people, 22,739 of whom were pregnant and lactating women; and sensitized 144 community support facilitators on infant feeding practices, who in turn provided a one-off three-month micronutrient powder supply to 42,813 children aged six to 59 months, 21,387 of whom are females.</p> <p>The project-maintained malnutrition indicators within the SPHERE standards in Southern Highlands and Hela provinces, in Papua New Guinea between March and October 2018. This was achieved during the period of increased risk to malnutrition following the 28th February earthquake of intensity 7.5 which was proceeded with more than 100 tremors that resulted in some immediate deaths. There were fears for more life threats due to food insecurity, poor water, sanitation and hygienic (WASH) conditions and inadequate medical care, resulting destruction of livelihoods.</p>

3. Changes and Amendments

One month no-cost project extension and modification in target locations were requested and approved.

Activities were originally planned for local level governments (LLGs) of North Koroba Rural, South Koroba Rural, Hayapuga Rural, Komo Rural, Hulia Rural (Hela Province) and Nipa Rural and Poroma Rural (Southern Highlands Province). Modification in some target locations was requested since accessing the above LLG areas required UN security-clearance which was not always feasible due to tribal and other conflicts. UNICEF and its implementing partners experienced delayed access and implementation for all of the above LLGs. For North and South Koroba; Nipa Rural and Poroma Rural, UNICEF and partners only gained access in mid-July 2018 that required “catch-up” implementation period for an extra one month. There was almost no meaningful access into the other Hayapuga Rural, Komo Rural and Hulia Rural.

Activities and targets were requested for revision from 75,666 children under five years to 30,000 and approved.

The initial impact estimates of humanitarian needs were based on 2011 Census projections (to 2017) to estimate the baseline population in earthquake affected areas, by age group and LLG areas. However, during micro-planning of the response activities and implementation, it became evident that there was significant overestimation in target populations. The government and humanitarian actors were unable to conduct comprehensive assessments to revise the overall impacted population numbers due to the initial security constraints and inadequate resources. Screening for acute malnutrition was revised from 75,666 to 30,000 while treatment of acute malnutrition as per red indicator on Mid Upper Arm Circumference (MUAC) was adjusted from 2,724 to 850, total pregnant and lactating women counselled on infant and young child feeding was adjusted from 30,266 to 30,000, total children aged six to 59 months receiving vitamin A and micronutrient powders was adjusted from 65,266 to 47,617 and 68,099 to 32,000 in that order, while, similar figure adjustments were made for children aged 12 to 50 months receiving deworming tablets. A final change request that was approved was on health personnel trained from 120 to 203.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	15,000	30,000	45,000	15,000	0	15,000	30,000	30,000	60,000
Reached	20,223	22,739	42,962	20,651	0	20,651	40,874	22,739	63,613

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>		
<i>IDPs</i>		
<i>Host population</i>		
<i>Affected people (none of the above)</i>	75,666	63,613
Total (same as in 4a)	75,666	63,613

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 initial impact estimates of humanitarian needs were based on 2011 Census projections (to 2017) to estimate the baseline population in earthquake affected areas, by age group and LLG areas. However, during micro-planning of the response activities and implementation, it became evident that there was significant overestimation in target populations. The government and humanitarian actors were unable to conduct comprehensive assessments to revise the overall impacted population numbers due to the

	initial security constraints and inadequate resources. Screening target for acute malnutrition was revised from 75,666 to 30,000 while, treatment of acute malnutrition target as per red indicator on MUAC was adjusted from 2,724 to 850, total target for pregnant and lactating women counselled on infant and young child feeding was adjusted from 30,266 to 30,000.
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5. CERF Result Framework

Project objective	Provide life-saving nutrition interventions to an estimated 75,666 children under five in the earthquake affected populations of Papua New Guinea
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Output 1	Breastfeeding is protected for infants in targeted areas and children are protected against consequences of acute malnutrition. Breast feeding is protected for infants and children with SAM in targeted areas have access to therapeutic food.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of cases with severe acute malnutrition receiving treatment	850	1,044	UNICEF situation reports (SitReps), Provincial Health Information system
Indicator 1.2	Number of infants whose care givers were supported to breastfeed	30,000	22,739	UNICEF SitReps, Provincial Health Information System
Explanation of output and indicators variance:		The initial impact estimates of humanitarian needs were based on 2011 Census projections (to 2017) to estimate the baseline population in earthquake affected areas, by age group and LLG areas. However, during micro-planning of the response activities and implementation, it became evident that there was significant overestimation in target populations. The government and humanitarian actors were unable to conduct comprehensive assessments to revise the overall impacted population numbers due to the initial security constraints and inadequate resources. Treatment target of acute malnutrition as per red indicator on MUAC was adjusted from 2,724 to 850, target of total pregnant and lactating women counselled on infant and young child feeding was adjusted from 30,266 to 30,000.		
Activities	Description	Implemented by		
Activity 1.1	Procure therapeutic food for treatment of children with SAM	UNICEF		
Activity 1.2	Arrange logistics and storage plans to ensure that the therapeutic food will reach the beneficiaries	UNICEF, Department of Health and Provincial Health Authorities		
Activity 1.3	Develop Programme Cooperation Agreements or otherwise short service funding agreement with local partners to implement the screening, treatment and follow-up of children under five with severe acute malnutrition as well as to conduct nutrition education to families and caregivers.	UNICEF, Provincial Health Authorities and Catholic Diocese of Mendi		
Activity 1.4	Port Moresby to Provinces freight and distribution of all procured supplies	UNICEF		
Activity 1.5	Conduct screening of children under five in all villages of targeted LLGs together with nutrition education	Provincial Health Authorities and Catholic Diocese of Mendi		
Activity 1.6	Analyse data to inform distribution of therapeutic food	UNICEF, National Department of Health and Provincial Health Authorities		
Activity 1.7	Distribute therapeutic feeds to targeted beneficiaries	UNICEF and Provincial Health Authorities		

Activity 1.8	Follow-up on infants benefiting from breastfeeding support and the children under SAM treatment	UNICEF, Provincial Health Authorities and Catholic Diocese of Mendi
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Output 2	Children without SAM in targeted areas have access to micronutrients and are dewormed.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of children 6-59 months that receive 3 months doses of multiple micronutrient powder; 6-59 months that receive one dose vitamin A and 12-59 months that receive deworming, once.	75,666	See revised indicators (2.1.1; 2.1.2; 2.1.3)	NA
Indicator 2.1.1	Vitamin A	47,617	42,813	UNICEF SitReps, Provincial Health Information system
Indicator 2.1.2	Micronutrient powders	32,000	42,813	UNICEF SitReps, Provincial Health Information system
Indicator 2.1.3	Albendazole	32,000	40,178	UNICEF SitReps, Provincial Health Information system
Explanation of output and indicators variance:		Vitamin A and micronutrient powders were given to children aged six to 59 months while albendazole for deworming was given to children aged 12 to 59 months. The initial impact estimates of humanitarian needs were based on 2011 Census projections (to 2017) to estimate the baseline population in earthquake affected areas, by age group and LLG areas. However, during micro-planning of the response activities and implementation, it became evident that there was significant overestimation in target populations. The government and humanitarian actors were unable to conduct comprehensive assessments to revise the overall impacted population numbers due to the initial security constraints and inadequate resources. Children receiving vitamin A and micronutrient powders was adjusted from 65,266 to 47,617 and that for deworming from 68,099 to 32,000.		
Activities	Description	Implemented by		
Activity 2.1	Procure micronutrients and albendazole	UNICEF		
Activity 2.2	Arrange logistics and storage to ensure that the therapeutic food will reach the beneficiaries	UNICEF, Department of Health and Provincial Health Authorities		
Activity 2.3	Distribute the micronutrients and albendazole to families with children under fives	UNICEF and Provincial Health Authorities		
Activity 2.4	Give targeted breastfeeding support to infants and follow up on SAM cases on treatment and provide nutrition education in families with children under five years to avoid them tipping over to Severe Acute Malnutrition.	Provincial Health Authorities and Catholic Diocese of Mendi		

Output 3	Health workers and volunteers in targeted areas have the capacity to protect breastfeeding and manage children with acute malnutrition.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of health workers and volunteers who receive face to face training treatment of SAM and protection of breastfeeding.	203	562	UNICEF SitReps, Provincial Health Information system, Catholic Diocese of Mendi
Explanation of output and indicators variance:		<p>To reach children in as much difficulty with access and possible, there was need for more staff with capacity. A change request was made and approved on health personnel trained from 120 to 203.</p> <p>Activities were originally planned for local level governments (LLGs) of North Koroba Rural, South Koroba Rural, Hayapuga Rural, Komo Rural, Hulia Rural (Hela Province) and Nipa Rural and Poroma Rural (Southern Highlands Province). Modification in some target locations was requested since accessing the above LLG areas required UN security-clearance which was not always feasible due to tribal and other conflicts. UNICEF and its implementing partners experienced delayed access and implementation for all of the above LLGs. For North and South Koroba; Nipa Rural and Poroma Rural, UNICEF and partners only gained access in mid-July 2018 that required “catch-up” implementation period for an extra one month. There was almost no meaningful access into the other Hayapuga Rural, Komo Rural and Hulia Rural.</p>		
Activities	Description	Implemented by		
Activity 3.1	Print and distribute protocols and training manuals to training venue	UNICEF		
Activity 3.2	Procure nutrition equipment and other tools for screening and monitor treatment outcomes	UNICEF		
Activity 3.3	Train trainers and supervisors who will conduct training and mentoring to health facilities and communities.	UNICEF, Provincial Health Authorities and the Paediatric Society of Papua New Guinea		
Activity 3.4	Provide health workers and volunteers with nutrition equipment and other necessary tools.	Provincial Health Authorities		
Activity 3.5	Conduct training, on job mentoring of health workers and volunteers who will support breastfeeding and those that will manage children with SAM in the target LLGs	UNICEF, Provincial Health Authorities and the Paediatric Society of Papua New Guinea		
Activity 3.6	Provide monitoring missions for quality assurance	UNICEF and Provincial Health Authorities		

6. Accountability to Affected People

B) Project implementation phase:

As part of inter-agency community engagement efforts, UNICEF participated in Communicating with Communities missions to Hela province to gather community response to the response including UNICEF's nutrition intervention. This was also supported by an established feedback phone hotline common service which provided community feedback for clusters (including the nutrition cluster) to adjust their response activities accordingly. UNICEF project staff, Provincial Health Authorities and Catholic Diocese of Mendi personnel lived within the provinces and provided full time information which built confidence and reassurance in beneficiaries seeking the services. For a dominantly catholic religious community, implementing through the much-trusted Catholic Diocese of Mendi was an opportunity to alleviate any would be concerns, thus, the project interventions were received with no objections. Involvement of the Provincial Health Authorities offered reassurance on Government approval and sustainability of the interventions beyond the life of the project funds. The

would-be campaign modality integrated into other health emergency response interventions was short lived because there was more than one contact required with the health and other community workers to ensure the skills to offer nutrition services was impacted and that ongoing beneficiary review happened for a targeted outcome of recovery from acute malnutrition.

C) Project monitoring and evaluation:

UNICEF recruited project staff, Provincial Health Authorities and Catholic Diocese of Mendi personnel that were involved in the implementation offered combined monitoring field visits most of the time. Frequent, moreover, external supervision was provided by UNICEF Senior staff at the Country Office, Regional and Headquarter level. Data collection tools were adapted from existing materials used for similar interventions in other parts of the country and reporting was consolidated by community and facility focal points, to the Catholic Diocese of Mendi and finally to the Provincial Health Authorities, who in turn shared with UNICEF.

7. Cash-Based Interventions				
7.a Did the project include one or more Cash Based Intervention(s) (CBI)?				
Planned		Actual		
No		No		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
Supplementary information (optional) NA				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
NA	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.8. Project Report 18-RR-CEF-039 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Papua New Guinea
3. Cluster/Sector:	Protection - Child Protection	4. Project code (CERF):	18-RR-CEF-039
5. Project title:	Provision of centre and community based psychosocial support services to facilitate the healing and restore sense of normalcy for children affected by earthquake		
6.a Original Start date:	15/03/2018	6.b Original End date	14/09/2018
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	15/10/2018
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,530,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 948,096
	c. Amount received from CERF:		US\$ 404,436
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 192,111
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 192,111

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNICEF and the Catholic Diocese of Mendi have established 10 Child friendly Spaces and trained a total of 81 psychosocial facilitators and outreach workers. Overall, a total of 8,608 children (4,741 boys and 3,867 girls) have received structured centre, school and community based psychosocial support. Additionally, a total of 11,060 people (5,936 male and 5,134 female) were reached with #End violence against children campaign messages.

3. Changes and Amendments

Changes and amendments to the project were made for a number of reasons. These are (a) changes to the target locations due to security restrictions (b) changes to the target (c) and changes in implementing partners.

Change of Target Locations

Activities were originally planned for local level government areas (LLG) of: -

- North Koroba Rural, South Koroba Rural, Hayapuga Rural, Komo Rural, Hulia Rural (Hela Province)
- Nipa Rural and Lake Kutubu Rural (Southern Highlands Province).

Both UNICEF and our implementing partner could not reach some of the target locations due to lack of humanitarian access. Accessing the above LLG areas required UN security-cleared access. However, access was not cleared due to tribal and other conflicts. Thus, UNICEF and its implementing partners experienced delayed access and implementation for all of the above LLGs. For two of them (North and South Koroba) in Hela province, UNICEF and partners gained access only in mid-July 2018 and “catch-up” implementation is ongoing. However, the other three LLGs (Hayapuga Rural, Komo Rural, Hulia Rural and Lake Kutubu Rural) identified in the project proposal remained inaccessible until July 2018. In July, Hulia Rural was visited to re-start activities there. Meanwhile, field assessments have indicated that children in other areas of Southern Highlands Province were also impacted by the earthquake and in need of psycho-social support services. As such, UNICEF and its implementing partner implemented services in Poroma and Lower Mendi LLGs, as a substitute for inaccessible locations.

In summary, the children from the following earthquake affected LLGs have been reached with psychosocial support services with funding from CERF:

- **Originally targeted LLGs area reached:** From the original targeted LLGs, Nipa Rural from Southern Highlands and South Koroba and North Koroba in Hulia have been reached and work is ongoing – albeit just now restarting in Hulia, North and South Koroba
- **Originally targeted LLGs impossible to reach:** Lake Kutubu Rural, Hayapuga Rural, Komo Rural
- **Not originally targeted LLGs areas reached:** Lower Mendi and Poroma Rural.

Changes in target numbers

The type of activities, and the implementing partner were not changed. Larger numbers of children enrolled for psycho-social services compared to what was estimated, and although some sites in Hela Province need to be re-activated after closure due to conflict, in Southern Highlands alone, the CERF project has already exceeded its target number of children receiving psycho-social services.

Change in implementing partner

One NGO and one FBO had agreed to be implementing partners. However, the performance of the NGO was extremely poor and therefore all of the cash allocated for partner implementation was transferred to only one partner, the FBO called Catholic Diocese of Mendi.

Change of one indicator/target

The activity of community-based psycho-social support is already captured by one indicator “Total Children receiving Community Based Psychosocial Support Services”. However, in the original proposal no indicator was included for the prohibitive cost, high time-intensive activity of supply procurement and distribution. Therefore, this revision request includes one indicator deleted and two indicators added (for distribution of ECD and recreation kits and for distribution of tarpaulins and mats).

As a result, a one month No-cost extension for completion of project activities, including monitoring, verification of reports by implementing partners submitted and approved to afford more time to reach children in other affected areas, that have recently become accessible in Hela Province due to more peaceful conditions and context.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	3,600	0	3,600	3,600	0	3,600	7,200	0	7,200
Reached	3,867	5,134	9,001	4,741	5,936	10,677	8,608	11,070	19,678

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>		

IDPs		
Host population		
Affected people (none of the above)	7,200	19,678
Total (same as in 4a)	7,200	19,678
<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 major change is the number of people reached with end violence against children campaign messages conducted by trained outreach workers who were doing delivery of both structured community-based psychosocial support services for children and end violence against children targeting adults. The target for these activities were not included in the proposal submission.	

5. CERF Result Framework

Project objective	Support the healing and psychosocial recovery of 7,200 children affected by the earthquake by July 2018
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Output 1	Centre and community based Psychosocial Support Service are made available to 7,200 earthquake affected children people by July 2018.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of Child Friendly Space established	8	10	Partner emergency response tracker
Indicator 1.2	# of Community Based psychosocial visits carried out	200	Was removed during amendment	No cost extension request
Indicator 1.3	# of children receiving centre based psychosocial services	1,200	1,460	Partner emergency response tracker
Indicator 1.4	# of children receiving community based psychosocial services	6,000	7,148	Partner emergency response tracker
Explanation of output and indicators variance:		Indicator number two was removed, since the partner emergency tracker did not include this information from the start.		
Activities	Description	Implemented by		
Activity 1.1	Procure supplies for CFS	UNICEF		
Activity 1.2	Arrange Logistics, storage and distribution of CFS	UNICEF and Catholic Diocese of Mendi		
Activity 1.3	Develop emergency project cooperation agreement with addition local FBO partners to establish and run CFS and community-based PSS services	UNICEF and Catholic Diocese of Mendi		
Activity 1.4	Establish CFS centres	Catholic Diocese of Mendi		
Activity 1.5	Conduct training and on-site facilitative supervision and mentoring of PSS facilitators in delivery of PSS services and prevention of Sexual abuse and Exploitation	UNICEF		
Activity 1.6	Undertake delivery of MHPSS at CFS including parenting	Catholic Diocese of Mendi		
Activity 1.7	Deliver mobile community based MHPSS	Catholic Diocese of Mendi		
Activity 1.8	Monitoring and reporting of program intervention	UNICEF and Catholic Diocese of Mendi		

6. Accountability to Affected People

A) Project design and planning phase:

With support from OCHA, the project was designed by UNICEF Papua Country Office with technical assistance from UNICEF East Asia and Pacific Regional and Headquarters and in consultation with Catholic Diocese of Mendi and members of protection cluster. The project design of the project is informed with information from inter agency assessment and on the ground information provided by catholic Diocese of Mendi, which had greater access to the affected communities.

B) Project implementation phase:

Once the project was approved further consultation was held with Catholic Diocese of Mendi which lead to development of Integrated Project Cooperation Agreement with the Church. To support the implementation of the program UNICEF deployed international psychosocial support specialist and a child protection officer to train community volunteers, outreach workers and project officers of Catholic Diocese of Mendi to establish capacity for implementation of the project. UNICEF team also supported in setting up of Child friendly spaces along with the psychosocial facilitators and project officers from Catholic diocese of Mendi. UNICEF also worked with Communicating with Communities' team to design and deliver psychosocial support messages through radio and SMS. Communities members were, and local leaders are involved in recruitment of psychosocial facilitators and outreach workers. They were also involved in site selections and setting up of child friendly spaces.

Although, the implementation of the project started first in Hela province, tribal fights derailed implementation in Hela and UNICEF team moved from Hela to Southern Highlands due to worsening security situation. Therefore, sites for implementation of the project have changed slightly as indicated in the amendment section. Once the security situation in Hela improved both UNICEF and Catholic Diocese of Mendi commenced and completed implementation of the project in Hela province as reflected in the amendment.

C) Project monitoring and evaluation:

To facilitate implementation and monitoring of the project UNICEF activated stretch assignment internal roster for child protection and a child protection officer was deployed from Indonesia, which was later joined by an International consultant. Team from UNICEF Headquarters were also deployed to emergency affected location and trained a team from Catholic Diocese of Mendi in project monitoring, quality control and data collection. The UNICEF monitoring and evaluation team worked with Catholic Diocese of Mendi and developed emergency response tracker specific to the program. UNICEF Psychosocial support consultant conducted site visits for mentoring of psychosocial facilitators and for quality control.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional)

NA

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

NA

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

8.9. Project Report 18-RR-CEF-040 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Papua New Guinea
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project code (CERF):	18-RR-CEF-040
5. Project title:	Provision of life-saving water, sanitation and hygiene services to emergency care centers in earthquake affected communities in Hela and Southern Highlands		
6.a Original Start date:	26/03/2018	6.b Original End date	25/09/2018
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	23/10/2018
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 3,500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 522,986
	c. Amount received from CERF:		US\$ 422,986
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ \$78,394
	▪ Government Partners		US\$ 16,141
	▪ International NGOs		US\$ 0
▪ National NGOs		US\$ 62,253	
▪ Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

Through the CERF RR grant, UNICEF could provide essential WASH services to affected communities, and prevent the outbreak of disease among the population of two provinces due to lack of water and poor hygiene practices. UNICEF and implementing partners provided essential WASH services to children, women and communities in the earthquake affected areas in Southern Highlands and Hela Provinces. In Southern Highlands, 12,993 school children have access to improved pit latrines, access to safe water and hygiene practices including menstrual hygiene training. In Southern Highlands and Hela, more than 123,500 people in communities have access to safe drinking water as well as basic knowledge of water purification for cooking and hygiene. More than 111,708 community members received key messages on good hygiene practices to improve health conditions and prevent the outbreak of disease. Under the guidance of SPHERE Standards and CCC, UNICEF engaged technical officers from NDOH to conduct water testing of key water sources. There will also be a capacity building training of PHO (Jan 2019) on water training and the provision of water test kits for both provinces. Despite the volatile security situation UNICEF could implement the project and reach beyond the expected results and beneficiaries.

3. Changes and Amendments

Activities were originally planned for local level governments (LLGs) of:

- Hela Province: North Koroba Rural, South Koroba Rural, Hayapuga Rural, Komo Rural, Hulia Rural, Tari Urban
- Southern Highlands Province: Nipa Rural, Poroma Rural and Upper and Lower Mendi

No-Cost Extension: Although the funds are nearly fully utilized, implementing partners have yet complete all of the activities. All of the above delays and constraints to implementation in Hela Province are the reason for a request for a one month no-cost extension to this project.

Budget revision: Security costs proved to be more expensive than planned (area under general operating costs). Some temporary toilets at Care Centres were constructed then de-commissioned as planned, but most of the toilets being rebuilt to be longer lasting and for school or school/church community use. Regular maintenance is built into the mobilisation and training on site and responsible local persons undertake this commitment. Since money was not spent on de-commissioning temporary toilets, the money is instead being spent on better quality, longer lasting toilets which may require budget revisions.

Change in Target Locations and Target Beneficiaries: Due to outbreaks of ongoing tribal conflict (resulting in infrastructure destruction, injury and deaths) where output had to be revised, humanitarian access to some earthquake affected areas (i.e. Hulia Rural and Hayapuga) where relief was planned was severely restricted. Some quick visits to deliver water containers and water purification tablets, distribute hygiene kits, and give assistance to build/re-position latrines and demonstrate good handwashing practices at Care Centres (informal internally displaced centres sites) was done. However, with restricted access as well as people leaving Care Centres as soon as they could in order to return to their place of origin and rebuild (or in some cases migrate to a safer area to live, or to move in with relatives in nearby cities), the WASH targets at Care Centres could not be met. Therefore, the WASH work pivoted to where needs were assessed in communities (i.e. Karinz Rural, Ialibu Urban and Nembi Plateau in Southern Highlands) as well as following people as they left the Care Centres and moved back to earthquake affected villages.

Thus to date the UNICEF WaSH CERF project has been carried out in:

- Southern Highlands: Nipa Rural, Poroma Rural, Upper Mendi, Lower Mendi (planned, but in more communities than Care Centres)
- Southern Highlands: Karinz Rural, Ialibu Urban and Nembi Plateau (not planned, but with prevalent WASH needs among earthquake affected people)
- Hela Province: Distribution of water containers and water purification tablets in North and South Koroba (planned)
- Hela Province: Restoration of water systems and toilets in communities in Komo (planned)
- Hela Province: Not reached - Hulia Rural and Hayapuga

Change of planned implementing partners: A potential implementing partner (Oxfam) had indicated strong interest when the CERF proposal was written, later withdrew due to concerns about security of their staff. A substitution was done with Catholic Diocese of Mendi (CDM) and Government (for water quality testing). ADRA continues to implement activities as planned, although several times they have had to stop and withdraw staff due to security incidents in their implementation areas in Hela Province resulting in delays.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	4,406	6,490	10,896	5,094	2,210	7,304	9,500	8,700	18,200
Reached	7,146	67,973	75,119	5,847	55,614	61,461	12,993	123,588	136,580

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0

IDPs		
Host population		
Affected people (none of the above)	18,200	136,581
Total (same as in 4a)	18,200	136,581
<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>	By the time the CERF proposal was prepared and approved (20 March 2018) there was very limited data on actual population and no assessment had been done yet. Once funds were available and programme started its implementation UNICEF was able to get actual figures and make cost effective plans to reach the maximum number of beneficiaries.	

5. CERF Result Framework

Project objective	Ensure the well-being of earthquake affected population through provision of life-saving WASH services to 18,200 people
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Output 1	Safe drinking water is made available to 18,200 earthquakes affected people in 26 displaced care centers and at household level (approximately 300)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of water sources constructed or rehabilitated	26	26	Field reports Sit Reps
Indicator 1.2	# of water storage facilities provided	26	26	Field reports Sit Reps
Indicator 1.3	# of people served with safe drinking water and storage facilities	18,200	128,588	Field reports Sit Reps
Explanation of output and indicators variance:		Same as 4B In addition, 12,993 school children have access to improve pit latrines and hand washing facilities		
Activities	Description	Implemented by		
Activity 1.1	Construction or rehabilitation of water harvesting systems	ADRA		
Activity 1.2	Provision of water storage facilities at household level and safe spaces	ADRA		
Activity 1.3	Water quality testing	NDOH		

Output 2	Safe emergency sanitation facilities are made available to 18,200 target population in 40 women and children safe spaces, 30 health facilities and at household level			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of new emergency basic sanitation facilities (toilets) gender segregated and disability friendly (as may be needed) constructed. With basic provision for MHM	100	71	Field reports CERF Project Revision Request
Indicator 2.2	# of toilets regularly maintained and decommissioned	100	71	Field reports CERF Project Revision Request

Explanation of output and indicators variance:		Due to outbreak of violence in Hela, the original 40 safe sites were not able to be reached. UNICEF reprogrammed to reach schools instead through CDM. The cost of latrines construction was double the estimated cost, reducing the ability to meet the target.
Activities	Description	Implemented by
Activity 2.1	Construction of new emergency gender segregated toilets	CDM
Activity 2.2	Regular maintenance and decommissioning of the toilets constructed	School administrators

Output 3	Target population receives Hygiene kits and is reached with key life-saving hygiene messages			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of Hygiene Kits (including MHM items) procured	2,000	1,634	Field reports Sit Reps
Indicator 3.2	# of Hygiene Kits (including MHM items) distributed to target population	2,000	1,634	Field reports Sit Reps
Indicator 3.3	# of target population reached with key life-saving hygiene messages	18,200	111,708	Field reports Sit Reps
Indicator 3.4	# of handwashing facilities installed	26	52	Field reports Sit Reps
Explanation of output and indicators variance:		UNICEF adopted an integrated message campaign covering child protection, Health/Nutrition and WASH. This modality allowed the exponential dissemination of hygiene messages to communities. At the same time CDM and ADRA were reaching isolated communities and holding trainings at local level. Handwashing facilities were design to be cost effective providing 4 taps at one water point, for group handwashing. Due to poor security at warehouse and road robberies, many of the hygiene kits are unaccounted for or lost.		
Activities	Description	Implemented by		
Activity 3.1	Procurement of hygiene kits including basic MHM items, culturally appropriate	UNICEF		
Activity 3.2	Distribution of hygiene kits among the target population (one per family)	ADRA, CDM		
Activity 3.3	Dissemination of key life-saving hygiene messages, through hygiene promotion sessions at community level	ADRA, CDM and UNICEF (integrated message campaign)		
Activity 3.4	Distribution/installation of handwashing facilities	CDM		

6. Accountability to Affected People

A) Project design and planning phase:

With support from OCHA, the project was conceptualised by UNICEF Papua New Guinea Country Office, with assistance from UNICEF's East Asia and Pacific Regional and Headquarter offices, in consultation with the local Disaster Management Team and the WASH Cluster. Some of the first priorities was to provide access to safe water, decontamination of water sources and testing of water points to avoid disease outbreak. At onset, there was a functional Nutrition Cluster, coordinating UN agencies, the National Department of Health and other development partners, I/NGO and faith-based organisation activities targeting nutrition. UNICEF was the cluster co-lead, coordinating the overall WASH response by other agencies. The WASH Cluster identified sector priorities which also frames the sector outputs for the UNCT and DMT Response Plan. The project was to:

- Ensure that children have access to safe drinking water and sanitation facilities
- Ensure that communities are reached with hygiene messages and kits; including water containers and purification tablets.
- Ensuring that communities are provided with rain water collection systems

UNICEF did the initial supply procurement of NFI by fast tracking prepositioned items in the region; UNICEF Philippines warehouse. Initial printing of hygiene materials was done locally. Once the supplies were assembled, UNICEF and partners planned prepared distribution plans to reach the most affected communities in SHP and Hela. Implementing partners, with strong community ties, could access isolated communities, and those high security areas involved in tribal fighting. The children and communities were accessed through an integrated hygiene campaign modality of health, nutrition, child protection and WASH to maximize the number of beneficiaries. The use of toilets, handwashing and basic hygiene practices were new concepts for these communities, that after the earthquake are embracing social change.

B) Project implementation phase:

UNICEF officially sent out signed letters to the Department of Health, Education and Provincial Health Authorities and Catholic Diocese of Mendi on the new WASH services for the affected populations with the relevant information about the project aims, the exact package of interventions, the beneficiaries, catchment and time frame. Regular updates followed informally through emails, phone calls and face to face deliberations once the WASH Team had people on the ground stationed at CDM compound. Further support in communicating to the population was received from OCHA staff that had presence in implementation provinces as well as UN Resident Coordinator's Office. Tribal tensions temporarily derailed or interrupted plans for implementation and the outreach campaigns to communities. Implementing partners had strong community ties that allowed for negotiations on the ground to restore implementing activities. In terms of WASH facility implementations, school boards and communities were consulted about the final location of toilets and or water points. Schools decided the location of latrines based on security and accessibility for children. Communities preferred to install the rain water collection systems in neutral spaces like a church rather than the house of the village leader. At first communities were not open to external help and had no pre- ideas of who the UN or UNICEF were. It took considerable effort to build trust and respect from local villagers to allow teams and supplies in, to carry out the work. Minor incidents could spark a protest or erosion of trust built.

C) Project monitoring and evaluation:

UNICEF could activate the "stretch assignment" internal roster of WASH officers to be deployed in short notice. In a few weeks the WASH team could have support from Cambodia, Yemen, Mongolia and Myanmar UNICEF CO to support the implementation and monitoring of activities. Team members from the Catholic Diocese of Mendi personnel that were involved in the implementation offered combined monitoring field visits most of the time. Frequent, moreover, external supervision was provided by UNICEF Senior staff at the Country Office, Regional and Headquarter level, as well as from UN Resident Coordinator's Office. Data collection tools were adapted from existing materials used for similar interventions in previous emergencies in PNG and reporting was consolidated by community and facility focal points, to the Catholic Diocese of Mendi and finally to the Provincial Health Authorities, who in turn shared with UNICEF. The global WASH cluster unit was able to mobilize one MIS expert to support the WASH cluster at field level.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
<i>Supplementary information (optional)</i> NA				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
NA	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.10. Project Report 18-RR-WFP-023 - WFP

1. Project information			
1. Agency:	WFP	2. Country:	Papua New Guinea
3. Cluster/Sector:	Food Security - Food Aid	4. Project code (CERF):	18-RR-WFP-023
5. Project title:	Emergency Food Assistance for Earthquake-affected Persons in Papua New Guinea		
6.a Original Start date:	12/03/2018	6.b Original End date	11/09/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	NA
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 18,063,386
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,545,541
	c. Amount received from CERF:		US\$ 3,235,587
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		

2. Project Results Summary/Overall Performance

Through this CERF grant, WFP assisted 33,913 food-insecure persons affected by the 26 February earthquake, aftershocks and subsequent landslides in the highlands region of Papua New Guinea with the delivery of 372.52 MT of food (split between 83 MT of High Energy biscuits; 269.05 MT of rice; and 20.47 MT of government-provided canned fish). A blanket one-month ration was distributed at four distribution sites in Mendi and 25 distribution sites in the Moro theatre with between 21 April and 19 June 2018. Distributions were organized from Moro and achieved through helicopter to extremely remote villages with no road access available. Food distributions began in the Mendi theatre on 21 April and ended in the Moro theatre on 20 June 2018.

WFP's food distributions were closely coordinated with the Food Security Cluster. WFP also supported the cluster coordinator through its stand-by partnership arrangement with RedR.

In April 2018, WFP conducted an earthquake-specific mVAM food security survey, which provided key information to inform targeting of the food relief operation as well as other relief distributions on the part of sister UN agencies and partners. The data collected from the mVAM survey was triangulated and verified with qualitative survey and questionnaire information obtained by WFP's Field Manager through direct outreach with local community leaders, local NGOs supporting the relief efforts, and through the church networks in the Highlands region as well as with data collected by UN sister agencies, specifically IOM and UNICEF. Once data was corroborated, WFP reached all targeted affected persons with blanket food distributions.

3. Changes and Amendments

Beneficiary targeting was revised upon validation of figures in country. The estimate of planned beneficiaries was based on the projected populations of the affected areas extrapolated from 2011 census data. These figures were included as part of WFP's 72-hour assessment, which was conducted in the immediate aftermath of the earthquake. However, these figures reflected an administrative level (Local Level Government) that was too large to provide an accurate number of beneficiaries at village level.

Subsequently, the number of planned beneficiaries' number was revised to reflect village-level data, which only became available with specific site verification. Distribution lists for care centres were the result of a synthesis of information, including village population figures, IOM's displacement tracking matrices, field observations from WFP staff, and information from consultations with humanitarian actors on the ground including provincial disaster committees, village councillors, and church pastors. Councillors reviewed beneficiary lists and discussed coverage with their communities to ensure the inclusion of village members.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	8,241	9,597	17,838	9,171	10,680	19,851	17,412	20,277	37,689
Reached	8,153	8,125	16,278	8,833	8,802	17,635	16,986	16,927	33,913

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs		
Host population		
Affected people (none of the above)	37,689	33,913*
Total (same as in 4a)	37,689	33,913*

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 discrepancy between beneficiaries planned and reached relates to data errors in the planning phase, which were only able to be corrected during distributions given remote locations and difficult access. Given the complexities of this operation and limited access/time with communities on the ground, it was not feasible to disaggregate the beneficiaries into IDPs and host population.

*includes both IDPs and host population figures.

5. CERF Result Framework

Project objective	Provision of food assistance to the most affected populations in PNG following the earthquake
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Output 1	Immediate food assistance provided to the 37,689 most affected persons.			
Indicators	Description	Target	Achieved	Source of verification

Indicator 1.1	37,689 Affected persons receive food assistance	90% (33,840 persons)	33,913	WFP monitoring and operational updates
Explanation of output and indicators variance:		The variance relates to inaccurate data from project outset.		
Activities	Description	Implemented by		
Activity 1.1	79 MT of HEB are airlifted into PNG and distributed	WFP		
Activity 1.2	451 MT of fortified rice is purchased locally and distributed	WFP		

6. Accountability to Affected People

A) Project design and planning phase:

WFP's team leader is well-known to community leaders and speaks the local language fluently. She ensured that during beneficiary data verification community leaders were well-informed of the targeting criteria and process applied to this response, and that they were able to communicate these effectively with local populations. The community elders were involved in the beneficiary targeting and selection process, providing information on the areas most affected by the earthquake and families most in need of assistance, namely those who had been displaced from destroyed villages and were living in temporary locations as a result, those who had lost their farmland or were unable to access crops which served as their main source of sustenance, and pregnant/lactating women, young children, disabled, elderly, large families. This information was also triangulated with available additional sources, through local networks known to the Team Leader.

B) Project implementation phase:

At the time of distributions, the team leader explained the procedure to the entire community, leaving time for questions/concerns to be raised. This is in line with local customs where villagers make decisions as a group and distrust bilateral conversations where any community member is excluded. The distributions took place in the sight of the entire community, where the food provided to each family was determined by the size of the family and any specific needs (e.g. presence of children, pregnant/lactating women, etc.). This ensured transparency during the distribution and that any perceptions of unfairness would be mitigated, as beneficiary lists were verified in person with all community members present to raise any issues if/when they arose.

C) Project monitoring and evaluation:

WFP carried out distribution and process monitoring for both theatres using the corporate mobile data collection and analytics (MDCA) tool. Given the challenges of managing distributions under short time constraints and a volatile security situation, the monitoring form was purposefully designed to be brief but informative, considering aspects such as: timeliness of distribution; distribution management; security issues; prioritization of vulnerable groups; beneficiary accountability; knowledge of entitlements; beneficiary satisfaction of treatment; and primary beneficiary needs before WFP food distribution.

Post-distribution monitoring (PDM) via mobile phones was initially planned for some of the distribution points to capture information on food consumption and beneficiary protection. However, most of the distribution sites were in remote areas where mobile network coverage ranged from poor to non-existent. Given such variation in coverage, mobile-PDM was cancelled. Instead, WFP prioritized on-site distribution monitoring using MDCA.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
Supplementary information (optional) NA				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p>WFP has not completed a formal evaluation for the Papua New Guinea earthquake response operation. Rather, WFP has opted to conduct an internal review, including an internal lesson learned exercise to strengthen operational response capacity in the event that future assistance will be required. Regular food security and other humanitarian needs monitoring is conducted biannually. Two additional earthquake-specific rounds were completed immediately after the earthquake and in October 2018. WFP continues to review and adjust its role in Papua New Guinea vis-a-vis partner capacity and requirements in-country and stands ready to contribute to the lessons learned exercise of the wider UN system as required.</p> <p>WFP will complete an Annual Country Report, available in 2019, which will provide additional insights on the results of the operation.</p>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.11. Project Report 18-RR-WFP-024 - WFP

1. Project information			
1. Agency:	WFP	2. Country:	Papua New Guinea
3. Cluster/Sector:	Logistics - Common Logistics	4. Project code (CERF):	18-RR-WFP-024
5. Project title:	Emergency Logistics coordination and Information management in response to the Earthquake in Papua New Guinea		
6.a Original Start date:	12/03/2018	6.b Original End date	11/09/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	NA
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,225,917
	b. Total funding received for agency's sector response to current emergency:		US\$ 470,457
	c. Amount received from CERF:		US\$ 262,874

	<p>d. Total CERF funds forwarded to implementing partners of which to:</p> <ul style="list-style-type: none"> ▪ <i>Government Partners</i> ▪ <i>International NGOs</i> ▪ <i>National NGOs</i> ▪ <i>Red Cross/Crescent</i> 	<p>US\$ 0</p>
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2. Project Results Summary/Overall Performance

WFP started its support to the Government of Papua New Guinea as logistics working group coordinator in the immediate aftermath of the earthquake, as soon as the Government accepted the UN's offer of international assistance. The timeliness of logistics coordination service provided was crucial, particular in view of the fact that the earthquake affected a very remote and inaccessible area, and relief efforts involved non-traditional emergency responders such as private sector oil and mining companies. The logistics working group coordination cell was embedded in the office of the national Emergency Controller, signalling its importance for the national response plan. Having a direct line of communication with the Emergency Controller and the Papua New Guinea Defence Force helped speed up decision-making, complement the Government's response and use synergies e.g. through shared transport, cargo consolidation and piggyback services.

17 organizations were part in the logistics working group including government agencies, UN partners, NGOs and private sector companies. Logistics Working Group meetings took place twice a week in the first four months of the operation and then monthly during the last two months. The Government requested to maintain the logistics working group until end-August to support partners and the Government with the transport of relief items and improve the capacity of national counterparts to engage in humanitarian logistics and coordination activities.

Between March and August 2018, the logistics working group coordination cell received 83 requests for assistance, 67 (81 percent) of which could be fulfilled. WFP planned and coordinated the air-/land- and sea-transport of partner organizations' relief items with transport service providers. Not fulfilled were requests to locations that could not be accessed due to security concerns, or very small cargo transport requests to remote locations that were not served by other actors, so that the cost of airlifting the cargo was considered too high for the requesting partner. Where WFP could not fulfil requests, it provided supplier contacts and information on transport services to its partners for their own action.

Decision on shared logistics services were based on four logistics assessments that aimed to identify locally available commercial transporters (sea, land and air) and storage facilities in Mount Hagen, Port Moresby and Moro. Road accessibility and landing zone data were collected in coordination with the Papua New Guinea Defence Force, Mission Aviation Fellowship (MAF) and other air service providers.

WFP built a humanitarian logistics hub in Mount Hagen, which supported partners with the storage and delivery of relief items. In addition, a mobile storage unit was set up in Moro base for partners to store humanitarian relief items that were dispatched from Moro theatre. At the end of the operation, three mobile storage units were handed over to the Government of Papua New Guinea and UN partners. As part of its capacity strengthening efforts on emergency preparedness, WFP organized a logistics induction training in Port Moresby in July 2018. The 20 participants from 11 organizations received classroom training and learned hands-on how to install and dismantle a mobile storage unit.

3. Changes and Amendments
<p>The Government of Papua New Guinea requested to extend the logistics working group's coordination from 20 July to 31 August to support partners and the Government with the transport of relief items and improve the capacity of national counterparts to engage in humanitarian logistics and coordination activities.</p>

4. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (18)	Women (≥ 18)	Total	Boys (18)	Men (≥ 18)	Total	Children (18)	Adults (≥ 18)	Total
Planned									
Reached									
4b. Number of people directly assisted with cerf funding by category									
Category		Number of people (Planned)				Number of people (Reached)			
Refugees									
IDPs									
Host population									
Affected people (none of the above)									
Total (same as in 4a)									
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:									

5. CERF Result Framework	
Project objective	Humanitarian partners in PNG have access to reliable logistics information and coordination, and other expertise in the area of SC

Output 1	Shared services and platforms provided			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of agencies and organizations using coordination and logistics services	5	17	Shared request for assistance tracking sheet
Indicator 1.2	Percentage of logistics service requests fulfilled	90%	81%	Shared request for assistance tracking sheet
Indicator 1.3	Number of assessments/surveys conducted	1	4	Assessment reports

Indicator 1.4	Number of MSUs installed and managed through this proposal	1	1	MSU handed over to Government
Explanation of output and indicators variance:		<p>The number of organizations using the logistics coordination services were far higher than planned, as logistical challenges were a major bottleneck for all partners' relief operations. WFP initially expected a lower number of partners, as not many NGOs were operating in the affected area and the influx of donations to the relief operation was slow.</p> <p>The percentage of logistics service requests fulfilled was lower than planned, as the security situation around Tari - part of the affected area -, deteriorated rapidly, hindering humanitarian access to that area.</p> <p>Given the various logistical challenges of the operation, more logistics assessments were organized than planned to identify the most effective and efficient transport, storage and handling options.</p>		
Activities	Description	Implemented by		
Activity 1.1	Provide Logistics coordination and Information management	WFP		
Activity 1.2	Coordinate the service requests between humanitarian actors and service providers	WFP		
Activity 1.3	Carry out logistics assessments	WFP		
Activity 1.4	Deliver and install MSUs	WFP		

6. Accountability to Affected People
NA

7. Cash-Based Interventions				
7.a Did the project include one or more Cash Based Intervention(s) (CBI)?				
Planned		Actual		
No		No		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional)

NA

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

WFP has not completed a formal evaluation of the Papua New Guinea earthquake response operation. Rather, WFP has opted to conduct an internal review, including an internal lesson learned exercise to strengthen operational response capacity in the event that future assistance will be required. WFP continues to review and adjust its role in Papua New Guinea vis-a-vis partner capacity and requirements in-country and stands ready to contribute to the lessons learned exercise of the wider UN system as required.

WFP will complete an Annual Country Report, available in 2019, which will provide additional insights on the results of the operation.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

8.12. Project Report 18-RR-WHO-013 - WHO

1. Project information			
1. Agency:	WHO	2. Country:	Papua New Guinea
3. Cluster/Sector:	Health - Health	4. Project code (CERF):	18-RR-WHO-013
5. Project title:	Life-Saving Health Sector Response to PNG Highland Earthquakes		
6.a Original Start date:	15/03/2018	6.b Original End date	14/09/2018
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	31/10/2018
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 11,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 747,288
	c. Amount received from CERF:		US\$ 612,288
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 58,920
	▪ Government Partners		US\$ 58,920

2. Project Results Summary/Overall Performance

Through this CERF RR grant, WHO and its partners made 77 health facilities resume/remain functioning; provided quick fix repairing to 16 health facilities, 80 Personal Protection Equipment kits and 80 Infection Control Kits to health facilities in affected areas; provided 1 Inter-agency Health Kit and 1 Cholera Kit covering the potential need of 10,000 affected people; established 2 Provincial Emergency Operations Centres and 2 Provincial Early Warning, Alert and Response Systems (EWARS) with 126 health workers and community leaders trained in reporting and 40 health workers trained in rapid response to outbreaks of diseases; provided more than 1000 affected

community members with psychological first aid; made 12 mental health specialists trained and deployed to quake site for 30 days, 226 health workers and 14 police and defence force officers trained on mental health, trauma and stress management counselling and coping skills; vaccinated 16,448 children of 6 to 59 months old with Measles and Rubella COV in three districts in Southern Highlands Province; provided 19 health facilities with staff-surgings support.

The project assisted directly the 38,949 people in most need including women and children and indirectly the 759,694 people through the interventions in the Hela and Southern Highlands provinces from March to October 2018.

3. Changes and Amendments

The changed humanitarian context: 1) In late March 2018, tribal fighting between conflicting tribes occurred in Hela province. This fighting made the context insecure for the implementation of the planned activities. All UN staff were relocated from the province. 2) In June 2018, a riot in the Southern Highlands Province occurred due to a court ruling on disputed election results. 3) Polio outbreak confirmed in June and the Supplementary Immunization Activity started in the both the Hela and Southern Province in August 2018 also added to the burden of scarce human and management resources. They hindered not only immediately but also delayed the implementation later on.

Approved request for re-deployment of funds and no-cost extension:

1) Redeploying funds originally intended for helicopter charter towards increase of costs for security escorts for staff and surge capacity (May 2018)

2) Extension of implementation end date from 14 September to 31 October 2018. (August 2018)

Unspent balance: Nil.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	7,500	7,500	15,000	7,500	7,500	15,000	15,000	15,000	30,000
Reached	9,380	9,568	18,948	9,465	10,536	20,001	18,845	20,104	38,949

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>		
<i>IDPs</i>		
<i>Host population</i>		
<i>Affected people (none of the above)</i>	30,000	38,949
Total (same as in 4a)	30,000	38,949

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 major difference of 8,949 people is due to that 11,501 people in the Influenza-like Illness outbreak area was reached by the surveillance and response of the Hela PEOC with support from WHO and NDOH.

5. CERF Result Framework	
Project objective	Reduce morbidity and mortality caused directly by the earthquake, aftershocks and landslides, and by increased exposure to infectious diseases due to displacement and disruption of basic services of 30,000 people (759,694 people indirectly).

Output 1	Ensure that health facilities damaged by the earthquake are functional and accessible to affected populations, particularly women, children and vulnerable populations			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of Health Facilities repaired (quick fix) to restore access to essential services	25 (indicative caseload: 50,000 through Health Centers and referral facilities)	16	Procurement and distribution records and contract for installation
Indicator 1.2	Number of Health Facilities receiving replacement equipment and supplies for emergency response	25 (indicative caseload: 50,000 through Health Centers and referral facilities)	25	Procurement and distribution records
Indicator 1.3	Number of Health Facilities receiving surge staff to restore access to essential services	10 (indicative caseload: 30,000 through Health Centers and referral facilities)	19	Surge health facility and staff list
Explanation of output and indicators variance:		<p>1) Variance in Indicator 1.1: all the 12 identified health facilities in the Southern Highlands Province implemented quick fix repairing. However, the tribal fighting in Hela Province made it insecure to implement the quick fix repairing. Instead, as requested by the Hela Province, three gen-sets were procured and provided to three most needed district health centres to overcome their unstable electricity situation.</p> <p>2) Variance in Indicator 1.3: due the tribal fighting occurred in Hela Province and the tension in Southern Highlands Province, it was hard to recruit health workers from other provinces. Hence local health workers and new graduates from provincial nursing school were recruited based on provincial per diem rate. Due to that locally recruited staff did not require air tickets and high per diem, resulting in costs savings. Therefore, more surge staff were recruited and deployed to more health facilities. Hence the increase from 10 to 19.</p>		
Activities	Description	Implemented by		
Activity 1.1	Quick-fix repairs to damaged health facilities, including water supply	WHO Country Office: Procurement Kutubu Rural Water Supply Construction Ltd.: Installation		
Activity 1.2	Implement a provincial supply-chain system to ensure availability of essential medicines and rapid diagnostics	WHO Country Office: Coordination NDOH: supply of "100% Medical Kits" Oil Search: Delivery of "100% Medical Kits" to health facilities by choppers		
Activity 1.3	Procure replacement equipment and supplies to replace damaged items in health facilities	WHO Country Office		
Activity 1.4	Dispatch replacement equipment and supplies to health facilities	Provincial Health Authorities		
Activity 1.5	Deploy surge medical staff to support existing health facilities in earthquake-affected areas	WHO Country Office: provided fund Provincial Health Authority: recruitment and training before deployment		

Output 2	Mitigate the risk of infectious disease outbreaks in earthquake-affected areas			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of Provincial Health Emergency Operations Centres (HEOCs) established to coordinate and manage Provincial-level health response	2	2	Documents of the two affected provinces
Indicator 2.2	Syndromic and event-based surveillance and outbreak response systems established in earthquake-affected Provinces	2 Provinces	2	Online system and working records, training reports
Explanation of output and indicators variance:		No variance		
Activities	Description	Implemented by		
Activity 2.1	Establish and staff HEOCs in most-affected Provinces	WHO Country Office: Procurement of equipment and furniture, and design of Incident Management Structure Provincial Health Authority: Provide space and staff		
Activity 2.2	Establish syndromic surveillance with daily reporting across sentinel sites in four Provinces	WHO Country Office: deployed Emergency Surveillance officers to set up the system Provincial Authorities: Management of the System (training, collection, consolidation and reporting of data) Health Facilities: collection and reporting of any syndromic events		
Activity 2.3	Joint WHO-PHA monitoring of implementation of surveillance system at the provincial and health facility level	WHO and NDOH: made provincial level supervisory visits to PEOCs WHO, NDOH and PEOCs: made health facility visits		

6. Accountability to Affected People

A) Project design and planning phase:

This project was designed based on joint NDOH/WHO assessments carried out in the both of the Hela and Southern Highland provinces at the beginning of the response. The joint assessment team interviewed affected health workers and local authorities. The results of the interview and data collected on needs, capacity and damage to health facilities were taken into account in the design and planning. The assessment found the insufficient capacities of the health authorities hence the planned empowering Provincial Health Authorities to make locally informed decisions based on data provided by local actors in the health sector through establishment of PEOCs. The selection of the priority health facilities for quick-fix repairing, for deployment of medical supplies, for surging staff were all based on the consultation made with health workers during the visits to health facilities.

B) Project implementation phase

Based on the guidance from WHO/NDOH The Provincial Health Authorities developed response plans, managed the Emergency Operations Centres, the Early Warning, Alert and Response System, the immunization campaign of affected children under 5 (supported jointly by UNICEF and WHO), the response to outbreaks of diseases such as Influenza-like Illness and pertussis, the health activities in care centers, the supplying of Personal Protection Equipment and Infection Control Kits. During the course, the capacities of the health authorities in response to the earthquake were improved with key information and capacity to respond to needs. The management of PEOCs was very successful in both of the provinces. The EWARS was still working well even during the time of tribal fighting in Hela Province and the political riot in Southern Province.

C) Project monitoring and evaluation:

Based on the activity design with input from local health workers and health authorities, monitoring indicators and procedures were designed based on the capacity of the affected provinces to track the progress in the activities implemented. Visits were made by WHO,

NDOH and PEOC staff to community health facilities and community members on the status of restoring and access of in-facility services and access to the designed public health services. Project is adjusted based on the suggestions from the monitoring results such as very limited coverage in conflicting area, need of more surge-staff to more health facilities.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional)

NA

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

No evaluation is planned due to WHO country team's current focus on implementing the response to outbreak of polio.	EVALUATION CARRIED OUT <input type="checkbox"/>
	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\$
18-RR-WOM-003	Protection	UN Women	NNGO	\$145,602
18-RR-FPA-015	Health	UNFPA	NNGO	\$38,654
18-RR-FPA-015	Health	UNFPA	NNGO	\$19,613
18-RR-CEF-037	Health	UNICEF	GOV	\$54,403
18-RR-CEF-037	Health	UNICEF	NNGO	\$131,436
18-RR-CEF-038	Nutrition	UNICEF	NNGO	\$335,299
18-RR-CEF-038	Nutrition	UNICEF	GOV	\$17,129
18-RR-CEF-039	Child Protection	UNICEF	NNGO	\$192,111
18-RR-CEF-040	Water, Sanitation and Hygiene	UNICEF	GOV	\$16,141
18-RR-CEF-040	Water, Sanitation and Hygiene	UNICEF	NNGO	\$52,151
18-RR-CEF-040	Water, Sanitation and Hygiene	UNICEF	NNGO	\$10,102
18-RR-WHO-013	Health	WHO	GOV	\$58,920

ANNEX 2 – Success Stories

1. Reconstruction of Life by BBS Skills and Kits

A two-day BBS training (13 to 14 August 2018) was provided by IOM at Urila Church in Urila Community, Poroma LLG, Nipa-Kutubu District, SHP, to the selected 19 participants (17 Male and 2 Female) from nearby communities including Urila Care Centre for IDPs hosted by Urila Community. The training was followed by the distribution of NFI kits on 31 August 2018. Each kit includes tarps, ropes, solar lanterns then importantly basic carpenter's tools to reconstruct their houses and communities utilizing the trained knowledge and skills learned through BBS training. This distribution planned by IOM Team in Mendi was combined by a field monitoring mission of the Chief of Mission of IOM Papua New Guinea (PNG) and the Chief of Mission of IOM Australia. This distribution mission was also covered and broadcasted by EM TV (a commercial television station in Papua New Guinea) as a series of programmes on the interventions by various UN agencies in SHP.

Below is a link to the video clip including the IOM's BBS training and the 31 August distribution mission available on Youtube (when the video is removed, the file is available from IOM PNG). This video represents the good practice of the distribution of NFI kits with basic carpenter's tools after the provision of good BBS training so to convey the aims in the selected items in the kits rightly and to promote the active utilization of the items for the reconstruction of communities with better resilience to natural disasters.
<https://youtu.be/2lh-zHev524?t=1>

Related Facebook post: https://www.facebook.com/UNinPNG/posts/1919182425042908?_tn_=-H-R

2. One UN – Contribution to the Return of IDPs

The joint intervention of UN agencies, along with the Government of PNG and other humanitarian actors, effectively contributed to the rapid return of the IDP HHs from care centres back to their communities. It was indicated by the shift in the number of IDP HHs in 9 Care Centres in SHP covered by the DTM between July - November 2018, which found out that the number of IDP HHs in care centre reduced from 1,547 to zero by November 2018.

3. UN Migration Agency, IOM, Helps Disaster Affected Communities to Build Back Safer

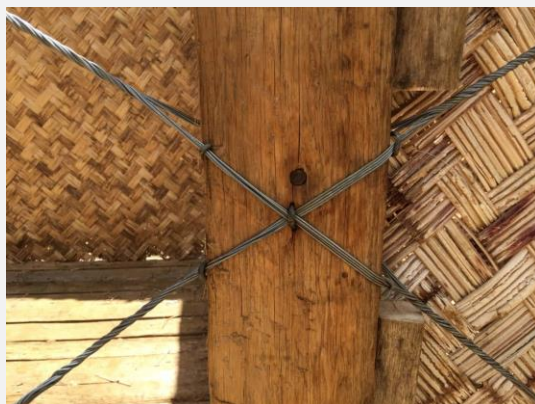
Following the earthquake that struck the Highlands region of Papua New Guinea in 2018, IOM has been providing shelter related support through trainings and distributing tools to facilitate shelter recovery to those whose houses suffered damages from the disaster.

The shelter response was informed by assessments IOM conducted in the affected communities. To ensure the most vulnerable and affected people receive assistance, IOM visited the affected communities between June – July 2018 to select beneficiaries of IOM shelter kits.

Among the communities visited in July is Soi which is located in Ward 2 of Nipa Basin Local Level Government, Nipa Kutubu District, Southern Highlands Province. It is during this field visit that IOM met Cathy Michael, a 32-year-old mother of five children. Cathy is from Mendi Town and married to Michael Tegi, a local from Soi and they have been living together in Soi since 2004.

During the visit, Cathy's mother-in-law (mother of Michael) was identified and registered by IOM as one of the most vulnerable persons in the community. She was living alone in her own house that was severely damaged by the 7.5M earthquake on 26 February 2018. The registration process was followed by distribution of shelter reconstruction kit that includes basic carpentry tools from IOM in September 2018. Prior to the distribution of the kit, Cathy participated in the Build Back Safe Shelter (BBS) training conducted by IOM in August 2018.

With the skills and techniques Cathy learned in the BBS training and the kit distributed to her mother-in-law, she supervised her brother-in-laws to build back a safe shelter for the mother-in-law.



Safe shelter reconstruction in Southern Highlands Province. © IOM/ UN Migration Agency, 2018

Cathy noted, "I feel that I am lucky and very happy that IOM came to my village in Soi. Although I am not educated, and I do not possess special skills in building, IOM taught me some special skills and techniques of which I was not aware of before. In addition to that IOM, gave us tools in which I am now using to build a home for my mother-in-law."



Cathy and her step mother discussing with IOM staff their construction plan. © IOM/ UN Migration Agency, 2018

4. UN Migration Agency, IOM, Promotes Shelter Safe Construction, Southern Highlands Province

Francis Rabua was a participant of the Build Back Safer Shelter training in Hulira. Francis is from Hulara in the Poroma Local Level Government in Nipa Kutubu District of Southern Highlands Province.

The 49-year-old, Francis Rabua is a father of one child. Francis lived together with his two wives and son in their traditional house before the 7.5M earthquake hit the province.

The earthquake destroyed the roof of Francis's home leaving him and his family living in the damaged house. Due to the damage caused, Francis and his family had to move to his brother's home to live for temporary accommodation while making plans to repair his house.

During the Build Back Safe Shelter training at Hulira, Francis learned skills he never thought of before regarding safe shelter construction.

"I thought I know everything on how to build a house before attending the Build Back Safe Shelter Training. However, that was not true. I learned a lot during the training and now I am trying to build a house which can withstand even a 7.5M earthquake", he said.



Francis and his family reconstruct their house following the Highlands February 2018 earthquake.

© IOM/ UN Migration Agency, 2018

Francis further noted, *"When building a new house, I should dig the ground until I see red soil. The main posts of the house should be 2 meters or deeper into the ground. This is what I am actually doing for my new house and I think it can now withstand an earthquake shock should we experience one in the future."*

5. Community Shared Shelter Reconstruction Kits Strengthens Social Cohesion among Earthquake Affected Families

Papua New Guinea is prone to the effects of natural hazards including earthquakes. IOM's displacement tracking matrix (DTM) show that in most cases, natural disasters result in internal displacement as well as destruction of houses in several human settlements.

In February 2018, the Highlands region experienced a 7.5M earthquake that displaced 58,292 people including damaging hundreds of shelters. Majority of people who had their shelters completely destroyed sought refuge in identified care centres where they lived in temporary displacement situations. Others continued to live within their own affected communities with support in accommodation from friends, neighbours or relatives prior to receiving assistance from the government and humanitarian actors.

Humanitarian responses marked the beginning of change in the living conditions, in particular shelter among those displaced. Co-leading the shelter, non-food items and camp coordination camp management cluster, IOM delivered build back safer trainings and distributed shelter kits in addition to other non-food item kits.

The Poweng family from Southern Highlands Province have rebuilt their house through applying the knowledge gained and using tools received from IOM. *"Our family house was severely damaged by the earthquake making it unsafe for us to live in. The tools we received from IOM enabled us to build our new house,"* said a family member. It took the family four weeks to build the new three-roomed house of which the first two weeks were spent in gathering local bush materials and clearing the land to rebuild the house and the remaining two weeks in building the house. The transition from living in a makeshift shelter into to a newly constructed house has contributed to improved privacy as well as protection from weather elements.

IOM's shelter recovery intervention promoted the working together of men, women, youth and children in rebuilding their houses. Narrating how they work as a community towards shelter recovery efforts, a beneficiary Mr. John Poweng highlighted, *"Our children and mothers are helping with clearing the land, gathering kunai grass and preparing meals for the builders. Children also help us in building the houses and also learn how it is done."* The contribution from men includes gathering timber from the bush, making mats for the houses using kunai grass as well as doing the repairs and construction work.

The working together in beneficiary communities is strengthened through IOM's intervention with providing community shared shelter reconstruction kits which included hammers, saws, nails distributed to five households per kits to support shelter recovery in earthquake affected communities. Through rebuilding their houses with support from IOM, families displaced to care centres have managed to return to their homes. IOM shelter tools have benefited at least 40,900 people previously displaced by the earthquake.



Beneficiaries of IOM shelter kits gather at a newly constructed traditional house in Humbra, Southern Highlands Province.

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6. Appreciation email extract from Provincial Health Authorities and Voices from Beneficiaries.

"The Micro nutrients had great impact on our children as most children have made improvements in their meal intake"

Ms. Doris Anton, the Public Health Director, Hela Provincial Health Authority

"Thank you for all the support given and the achievement so far. We hope to continue the partnership to ensure our nutrition programs in the province are well covered and within control. Also appreciating the efforts by our Southern Highlands Provincial Health Authority and UNICEF team on the ground"

Dr. Martin Sa'avu, Director Child Health, Southern Highlands Provincial Health Authority

"I take this time on behalf of the management to commend UNICEF for all the support and my team, Barbara (the Provincial Nutrition Coordinator), with other officers for this milestone achievement. Southern Highlands Provincial Health Authority management will continue to support this vital program for our kids. One of the way forward to continue and sustain this program is to have a nutrition work force team/committee comprising members from relevant partners/ stakeholders who will provide reports and recommendations to Southern Highlands Provincial Health Authority management/Board/partners to meet targets and pooling of resources, etc. I've discussed this with Barbara (the Provincial Nutrition Coordinator), on this matter."

Dr. Joseph Birisi, the Chief Executive Officer, Southern Highlands Provincial Health Authority

"I take care of Adaline most of the time when her mother is away. I always support in giving peanut paste (Ready to Use Therapeutic Food - RUTF) to Adeline considering that it is often the only available food during the day. I have personally seen how RUTF has helped Adeline from the depressing state she was in June 2018. She was sickly, thin, weak and without appetite all the time. She has now gained weight, she is healthy, happy and has started playing with other children which to me is unbelievable. This current situation is so encouraging and we hope that she will grow up to be a strong girl like I am."

Lancy Jackson, an Aunt to Adaline, a child that was treated with severe acute malnutrition that hails Kiburu village, in Mendi urban LLG, Southern Highlands Province.

Photo story: [Baby Adaline's appetite is back](#) (photos and videos on this [link](#))

"I would really like to thank UNICEF and Provincial Health Authority for the good work they are doing in Pombreal. The health workers and village health volunteers informed us that the types of food we give to our children way and the way we feed them is contributing to poor nutrition and health. They have been teaching us how to prepare different varieties of food that are readily available here in Pombreal. They also showed us how to feed our children well after 6 months until they reach 2 years. I am currently using micronutrient powder that I was given to enrich food and I try my best to cook different varieties of food including peanut, fish and meat. I am doing all this because I want my children to be healthy and strong."

Dominic Ruth, a mother with an 18 months old baby from Pombreal, Poroma LLG, Southern Highlands Province

"I am happy to be here again for the Antenatal Clinic. The Community Health Worker today emphasized the same message we received from village health volunteers who came to our village to tell us more about nutrition. I will ensure that I give birth at the health facility where I will be supported to breastfeed my baby as early as possible. I will also make sure that I breastfeed my child without giving any food or water until my baby reaches 6 months."

Magdalene Jacob, a seven months' pregnant mother who was attending antenatal clinic at Pombreal Sub-Health Centre, Poroma LLG, Southern Highlands Province

"My child started having stomach and back ache, she cried a lot and couldn't eat anything. I was so worried when my child progressively became weak and started having swelling on both feet. when I went to Imbonggu Health Sub-Centre where I was informed that my child is sick and her nutrition status is not good. I was immediately send to Mendi General Hospital for immediate assistance. The nurse at the ward told me that my child had a serious nutrition problem which made her sickness worsen. After my child was taken to theatre to correct stomach ache, the nutrition nurse supported me to feed the child with milk that has medicine to treat bad nutrition. I followed her instructions on feeding the child with the milk 6 times a day. At the beginning the child drank little milk but her appetite increased as the days progressed. She is now eating so well, she finishes two sachets of peanut (RUTF) per day and wants more. My child has really improved and I am so happy. I look forward to going back home soon. Thank you so much."

Hellen Isoo, a mother of 16 months old patient with severe acute malnutrition treated at Mendi General Hospital Inpatient Therapeutic Care, Southern Highlands Province

7. Nagita Ismail Receives Vitamin A the First Time in Her Life

SOUTHERN HIGHLANDS PROVINCE, PAPUA NEW GUINEA, 28 MAY 2018 - Five-year-old Nagita is receiving Vitamin A supplementation for the first time in her village, not far from Mendi, the capital of Southern Highlands Province.

At five, Nagita has missed out on eight doses of Vitamin A supplementation from the time she was six months old to the time she turned four. It is critical for children like Nagita to receive the required doses at the appropriate age to boost their immune system and prevent night blindness. Nagita is also short for her age. Her stature, like that of a three-year-old, confirms a typical presentation of stunting, but her mother, Noreen Willy, doesn't believe her child is suffering from a form of malnutrition.

"I have six children. Their father left me three years ago, for another wife in another province. I am always busy in the garden or selling food in the market to make ends meet. I have no time to take my children to clinics unless there is a life-threatening illness", says Noreen, who lives close to a health facility.

"No one told me about this medicine so I never brought my daughter to the clinic to get the medicine," Noreen adds.

This time Nagita is receiving Vitamin A in her village because a health team has visited her village to provide integrated nutrition and immunization services as part of response activities UNICEF supports for communities affected by February's 7.5 earthquake.

UNICEF is supporting response activities to ensure an estimated 47,616 children, in both Southern Highlands and Hela provinces that are at an increased risk of malnutrition, receive a one-off high dose of vitamin A supplementation.

Hanifa Namusoke, UNICEF's Nutrition Specialist, points out that children like Nagita who suffer from malnutrition are at high risk of becoming ill and are also nine times more likely to die than children who are not malnourished.

Sadly, Nagita is not alone. According to the country's 2011 census, half of Papua New Guinea's children under five years are stunted, while PNG's 2009/2010 Household Income and Expenditure puts the country in an unenviable position of having the highest rate of stunting in Asia and the Pacific and fourth worst in the world.

February's earthquakes and landslides that destroyed food gardens has increased the risk of stunting and malnutrition, putting children like Nagita at even greater risk of illnesses.

But the issue of accessing health services is deeper than parents' reluctance at making the effort to go to a health facility when they must.

"Parents in this village do not bring children to clinics for routine health and nutrition services because we rarely have enough supplies. Sadly, village patrols or outreach services are not often supported", says Firman Luiipi, Officer in-charge of the Health Team conducting the outreach in Nagita's village.

As malnourished children become adults, they are more likely to suffer from health impacts that have consequences for social and economic outcomes. Poorly nourished populations suffer from stunting which affects cognitive development and can reduce a nation's economic advancement due to direct productivity losses.

ANNEX 3: ACRONYMS AND ABBREVIATIONS

ADRA	Adventist Development and Relief Agency
ANC	Antenatal Care
ASMT	Area Security Management Team
BBS	Build Back Safer
CCC	Core Commitments for Children
CCCM	Camp Coordination and Camp Management
CCE	Cold Chain Equipment
CDM	Catholic Diocese of Mendi
CMR	Clinical Management of Rape
CwC	Communicating with Communities
DTM	Displacement Tracking Matrix
DTP-HepB-Hib	Diphtheria, Tetanus, Pertussis-Hepatitis B-Hemophylus Influenzae Type B
EENC	Early Essential Newborn Care
EWARS	Early Warning, Alert and Response System
FSCO	Field Security Coordination Officer
FSVAC	Family Sexual Violence Action Committee
GBV	Gender Based Violence
HEPI	Health Emergency Preparedness Initiative
HPM	Humanitarian Performance Monitoring
IDP	Internally Displaced Person
IEHK	Interagency Emergency Health Kits
INGO	International Non-Governmental Organisation
IP	Implementing Partner
LEP	Learning, Empowerment and Protection
LLG	Local Level Government
MAF	Mission Aviation Fellowship
MDCA	Mobile Data Collection and Analytics
M&E	Monitoring and Evaluation
MHM	Menstrual Hygiene Management
MIS	Management Information System
MR	Measles-Rubella
MSU	Mobile Storage Unit
MUAC	Mid Upper Arm Circumference
mVAM	mobile Vulnerability Analysis and Mapping
NDOH	National Department of Health
NFI	Non-Food Item
NGO	Non-Governmental Organisation
OIC	Officer in Charge
PAM	Post Assistance Monitoring
PCV	Pneumococcal Conjugate Vaccines
PEOC	Provincial Emergency Operations Centre
PEP	Post-Exposure Prophylaxis
PDM	Post-Distribution Monitoring
PHA	Provincial Health Authority
PHHE	Participatory Health and Hygiene Education
PHO	Provincial Health Officer

PNG	Papua New Guinea
PNGDF	Papua New Guinea Defence Force
PNGFHA	Papua New Guinea Family Health Association
PSEA	Prevention of Sexual Exploitation and Abuse
RCO	Resident Coordination's Office
RH	Reproductive Health
SDD	Solar Direct Drive
SGBV	Sexual Gender Based Violence
SHPHA	Southern Highlands Provincial Health Authority
SHP	Southern Highlands Province
SRA	Security Risk Assessment
SRH	Sexual and Reproductive Health
SRM	Security Risk Matrix
TT	Tetanus Toxoid
VPD	Vaccine Preventable Diseases
WASH	Water, Sanitation and Hygiene
WCBA	Women of Child-bearing Age