

**VANUATU
RAPID RESPONSE
TROPICAL CYCLONE HAROLD
2020**

20-RR-VUT-42734

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

22 March 2021

The participants included: The Resident Coordinator (RC), OCHA, the six implementing agencies FAO, IOM, UNFPA, UNICEF, WFP, and WHO; implementing partner the Department of Agriculture. Also attending the AAR was the Director of the Vanuatu National Disaster Management Office (NDMO) the latter on the invitation of the RC).

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

Please confirm that the final version of this report was 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

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The CERF-sponsored humanitarian response to TC Harold in Vanuatu targeted priority clusters, locations, and households for support and ensured the most vulnerable and badly affected people were provided with life-saving support. The planning process and subsequent relief activities helped coordinate various humanitarian partners (grant-receiving agencies and their implementing partners, national clusters, the National Disaster Management Office) to pool resources, streamline work processes and exploit synergies to quickly establish a common narrative and complement immediate bilateral emergency funding from major donors. The CERF response also raised the awareness and capacity among humanitarian partners on targeted programming on protection, gender-based violence initiatives, and for people with disabilities. Agencies worked closely with government counterparts and local NGO's to ensure that assistance complemented local systems, was cost-effective and had maximum impact. This work also brought to light the need for continued support to ensure clusters are better prepared and coordinated within, as well as with local government agencies and actors to ensure faster more timely support is provided to affected communities. The CERF allocation provided much needed timely, added value in a time when in-country resources, response capacities, aid agency budgets and donor capabilities all were stretched to the limit due to the COVID-19 pandemic and its consequences.

CERF's Added Value:

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

Yes Partially No

Five out of six grant receiving agencies felt the CERF process required levels of details that were not particularly needed at the onset of the disaster, such as: undertaking field assessments for information to inform the proposal with data that had been agreed by multiple agencies. Agencies felt a great loss of time with the back and forth with the Secretariat and the agencies, which delayed the disbursement of funds. UNFPA, however, noted that CERF funds were faster than other additional funds it received. Below is the approximate timeline of the process:

TC Harold made landfall on 06 April; a concept note was sent on 10 April; the ERC agreed to a CERF Allocation of USD 2.6m on 13 April; the Chapeau and project proposals followed on 27 April; and the CERF approval letters were sent between 07 and 13 May to the respective agencies.

Did CERF funds help respond to time-critical needs?

Yes Partially No

Grant agencies responded with 'partially' as the duration of the process of the approval of CERF hindered the engagement of agencies and their implementing partners, such as the time factor in signing of contracts and disbursement of funds, therefore delaying the roll out of project activities. Refer to timeline above.

Did CERF improve coordination amongst the humanitarian community?

Yes Partially No

Yes. The quality and frequency of coordination amongst humanitarian actors and government entities improved as echoed by the six agencies. At the PHT level, with regular meetings and due to the pandemic regular teleconferences to ensure adequate consultation process and information sharing to all relevant stakeholders. The relationship between UN agencies and government counterparts also entered a new constructive phase during planning and implementation of the CERF funded activities. This should definitely help in the future and needs to be further exploited.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Overall, the CERF grant improved resource mobilization. Grant agencies were able to solicit financial sources to underfunded activities that were outside the CERF scope. Agencies noted the criteria for CERF funds to resource prepositioned supplies in preparedness for future events.

Considerations of the ERC's Underfunded Priority Areas¹:

The CERF allocation particularly focused on (1) support for women and girls, including tackling gender-based violence, reproductive health, and empowerment; (2) programmes targeting disabled people. Education in protracted crisis did not apply as this tropical cyclone was a fast onset emergency. The other aspects of protection were addressed in regular programming by the implementing agencies.

The most urgent funding was for the support for women and girls as this was a cross-cutting issue throughout the six projects funded through CERF. Therefore, agencies ensured that best practises such as signing of Memorandum Of Understanding (MOU), signing code of conduct for responders, GBV awareness prior to team deployment, regular cluster meetings during the response and inclusivity activities were mainstreamed and supported the most vulnerable who were affected by the cyclone.

As for programmes targeting persons with disabilities, agencies and their implementing partners collaborated with one of two key disability organisations, the Vanuatu Society for People with Disabilities (VSPD), to ensure that needs of persons living with disabilities were included in interventions and received tailored support needed for their specific requirements.

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	27,000,000
CERF	2,605,385
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	0
Total funding received for the humanitarian response (by source above)	

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
FAO	20-RR-FAO-021	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	440,000
IOM	20-RR-IOM-013	Emergency Shelter and NFI - Shelter and Non-Food Items	492,000
UNFPA	20-RR-FPA-024	Health - Health	241,558
UNICEF	20-RR-CEF-033	Water Sanitation Hygiene - Water, Sanitation and Hygiene	694,145
UNICEF	20-RR-CEF-033	Nutrition - Nutrition	195,785
WFP	20-RR-WFP-028	Emergency Telecommunications - Common Telecommunications	199,262
WHO	20-RR-WHO-024	Health - Health	342,635
Total			2,605,385

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	1,400,919**
Funds sub-granted to government partners*	567,404
Funds sub-granted to international NGO partners*	598,716
Funds sub-granted to national NGO partners*	25,012
Funds sub-granted to Red Cross/Red Crescent partners*	13,334
Total funds transferred to implementing partners (IP)*	1,204,466
Total	2,605,385

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

** \$1,400,919 includes the \$187,124.00 for WFP as it implementing partner does not fall into any of the given categories (Private sector company)

OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

In April of 2020, Cyclone Harold had affected Fiji, Solomon Islands, Tonga and Vanuatu, causing the worst humanitarian impact in Vanuatu. The category 5 cyclone made landfall in Vanuatu on 6 April with sustained winds of more than 200 km/h. Based on first aerial surveillance assessments and satellite images, Vanuatu's National Disaster Management Office estimates that up to 160,000 people may have been affected by the cyclone, which also destroyed agricultural crops, damaged houses and infrastructure, and led to power outages and disruptions of phone networks. Further assessments on the ground are underway and first results should be available this week. In response, the Emergency Relief Coordinator on 11 April allocated \$2.5 million from CERF's rapid response window to support life-saving humanitarian relief in Vanuatu. The key strategic objectives of the CERF allocation are a reflection of the critical life-saving assistance urgently required, and include four objectives: (1) Provision of immediate life-saving and life-sustaining safe drinking water, food assistance, nutrition support and health care to the people most affected by Tropical Cyclone Harold, (2) provision of emergency shelter, cash and non-food items for people whose houses have been partially or fully damaged, (3) support for local and international logistics to support effective and timely distribution, (4) provision of adequate protection to people in need.

Operational Use of the CERF Allocation and Results:

In response, the Emergency Relief Coordinator on 11 April allocated \$2.5 million from CERF's rapid response window to support life-saving humanitarian relief in Vanuatu. The key strategic objectives of the CERF allocation are a reflection of the critical life-saving assistance urgently required, and include four objectives: (1) Provision of immediate life-saving and life-sustaining safe drinking water, food assistance, nutrition support and health care to the people most affected by Tropical Cyclone Harold, (2) provision of emergency shelter, cash and non-food items for people whose houses have been partially or fully damaged, (3) support for local and international logistics to support effective and timely distribution, (4) provision of adequate protection to people in need.

People Directly Reached:

A total of 115,064 people was directly reached through the CERF grant. Of which four agencies (FAO 34,381, IOM 9,561, UNFPA 8,121, UNICEF 71,112) reached its intended targets. IOMs Displacement Tracking Matrix (DTM) showed that they supported their target beneficiaries, while FAO, UNFPA and UNICEF figures were derived from implementing partners and agriculture, health, and WASH situation reports.

WFP implemented a telecommunication project that targeted national responding authorities, humanitarian responders, and the affected population, therefore its beneficiaries include those in the area of service and is assumed to be counted in the overall directly reached numbers, to avoid double counting.

WHO only reached 50% of its intended beneficiaries, which was due to the estimated number of damaged and non-functional health facilities being lower than initially estimated during the conceptual stage.

People Indirectly Reached:

UNICEF's 53,000 indirect beneficiaries were reached through community awareness campaigns, receiving WASH key messages using social media, printed material, and SMS. An additional, 20,000 children under five years, indirectly benefitted from nutrition interventions that were mainstreamed in regular health services. WHO's 10,000 indirect beneficiaries were reached through similar community awareness campaigns around prevention of non-communicable diseases, NCD screening, deworming and mass clean up campaigns. Likewise, UNFPA 37,654 people indirectly benefitted from awareness campaigns on family planning and sexually transmitted infections, cervical cancer, and COVID-19 preventative measures. FAO 50,000 indirect beneficiaries were reached due to increases in nutritious food in the targeted communities, through its intervention. IOM did not have indirect beneficiaries, however its DTM provided additional data support to response activities of its stakeholders.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Emergency Telecommunications	0	0	0	0	0	0	0	0	0	0
Emergency Shelter and NFI - Shelter and Non-Food Items	2,000	1,500	3,000	2,500	9,000	2,205	2,295	2,200	2,861	9,561
Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	7,790	7,647	7,311	7,972	30,720	10,161	10,133	7,053	7,034	34,381
Health	25,000	25,000	25,000	25,000	100,000	19,608	12,500	13,513	2,500	58,121
Nutrition	13,000	0	11,000	11,000	35,000	2,842	0	2,727	2,808	8,377
Water Sanitation Hygiene	19,600	19,600	15,400	15,400	70,000	19,817	19,744	15,817	15,744	71,122
Total	7,390	53,747	1,711	1,872	244,720	1,933	4,072	6,510	4,047	86,562

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	9,000	9,561
Host communities	0	34,381
Other affected people	100,000	71,122
Total	109,000	115,064

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	27,000	31,183	1,960	1,051
Men	26,500	32,172	1,960	1,064
Girls	28,000	25,070	1,540	774
Boys	27,500	25,639	1,540	754
Total	109,000	115,064	7,000	3,643

PART II – PROJECT OVERVIEW

2. PROJECT REPORTS

3.1 Project Report 20-RR-FAO-021

1. Project Information			
Agency:	FAO	Country:	Vanuatu
Sector/cluster:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	CERF project code:	20-RR-FAO-021
Project title:	Emergency assistance to re-establish agriculture and livelihoods of households affected by Tropical Cyclone Harold		
Start date:	15/05/2020	End date:	14/02/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 3,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 710,000
	Amount received from CERF:		US\$ 440,000
	Total CERF funds sub-granted to implementing partners:		US\$ 78,293
	Government Partners		US\$ 16,224
	International NGOs		US\$ 23,723
	National NGOs		US\$ 25,012
Red Cross/Crescent Organisation		US\$ 13,334	

2. Project Results Summary/Overall Performance

A total of 6,904 households (34,381 individuals) were reached through this FAO project in Vanuatu, which supported agriculture and livelihoods of those affected by Tropical Cyclone (TC) Harold. The project reached 504 more households than planned, through cost-savings. Out of the total 6,904 households who benefited, some 6,569 households (32,706 individuals) received agricultural kits (comprising a variety of vegetable seeds (Tomato, Pak Choi, Capsicum, Carrot, Cucumber, Dwarf Beans, Cabbage, Lettuce, Onion, Pumpkin, Watermelon) seedling trays, hand tools, shade cloth and clear plastic sheeting). A breakdown of the number of households and individuals reached per region/island is as follows:

- Ambae West – 578 households (2,890 individuals)
- Ambae South – 161 households (805 individuals)
- Paama – 433 households (2,165 individuals)
- Pentecost – 1,283 households (6,415 individuals)
- Santo West Coast – 555 households (2,636 individuals)
- Malekula – 2,125 households (10,625 individuals)
- Malo – 1,434 households (7,170 individuals)

According to monitoring data, roughly 53% of these beneficiary households have harvested and are consuming vegetables from the seeds received through this FAO project. While this proportion may initially appear a little low, FAO views it positively as it indicates that households are heeding technical advice as to when to best plant seeds, based on the appropriate season and predicted rainfall.

Some 335 households (1,675 individuals) were also reached through training in food preservation, processing and conservation techniques on Santo, one of the islands most affected by TC Harold. The first step in this process was a training of trainers session, which was held in Luganville, Santo, whereby 22 (12 male and 10 female) key community members were trained in a range of technical skills related to fish, livestock and vegetable processing, including: cassava flour processing, preparation and use of fish aggregating devices, fish smoking and manioc preservation. Following this week-long course, trained community members returned home to train those in their communities. The number continues to grow as an ever-increasing number of community members are keen to develop this knowledge and skills.

3. Changes and Amendments

A no-cost extension was requested due to a variety of reasons especially challenges associated with key project staff being unable to travel to Vanuatu due to COVID-19 restrictions additionally there were significant delays to the procurement of the agricultural inputs for the project. There were insufficient stocks of the required agricultural inputs in country in April/May soon after Tropical Cyclone Harold, so at that stage the only feasible option was to pursue international procurement of these inputs, or otherwise completely deplete the very limited in-country stocks whilst still falling significantly short of the project target. FAO considered its options at this time, both as a CERF implementing partner and as the co-lead of the Food Security Cluster both at global and regional level. While it may have been possible at that time for FAO to procure a small portion of its needed inputs in Vanuatu, FAO felt this was not a responsible course of action, bearing in mind its global mandate and the fact that its infrastructure allowed it to conduct international procurement. FAO considered it to be more sensible to allow individuals and smaller organisations in Vanuatu to procure domestically and for it to conduct an international procurement process for the entirety of its agricultural inputs instead. With the extension approved for three months this allowed for the procurement of the agricultural inputs to be completed while sufficient stocks were available with a local supplier. The no-cost extension allowed sufficient time to distribute the agricultural inputs to meet the critical needs of the project beneficiaries. This ensured that the intended deliverables, objectives, and targets of the project were achieved.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	7,790	7,647	7,311	7,972	30,720	10,161	10,133	7,053	7,034	34,381
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	7,790	7,647	7,311	7,972	30,720	10,161	10,133	7,053	7,034	34,381
People with disabilities (PwD) out of the total										
	390	382	366	399	1,537	507	506	351	350	1,715

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

In addition to the 34,381 individual beneficiaries who were directly reached through project activities, an additional 50,000 persons can be considered to be indirectly benefited by the project. This is due to an increased amount of nutritious food available in the target communities and the fact that in some communities (such as those on Ambae and Pentecost), the handtools were passed to the community (rather than individual households) so that they could be used by all. This was a request expressed by these communities, owing to the influx of returnees who had been displaced due to the Ambae volcano eruption, for example.

6. CERF Results Framework

Project objective	Cyclone-affected agricultural households have restored food security and livelihoods.			
Output 1	6,400 households farming capacity restored and strengthened in Pentecost, Ambae (South and West), Santo (West Coast Santo, South Santo, Luganville Area to Turtle Bay), Malo (included neighbouring Aore and Tutuba islands), Malekula (North), Ambrym (North) and Paama.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of kits of horticultural crops procured	6,400	6,569	Procurement documentation, implementing partner reports
Indicator 1.2	Number of kits of agricultural tools procured	6,400	6,999	Procurement documentation, implementing partner reports
Indicator 1.3	Number of households that received horticultural seeds	6,400	6,569	Procurement documentation, implementing partner reports
Indicator 1.4	Number of households that received agricultural tools	6,400	6,569	Procurement documentation, implementing partner reports
Indicator 1.5	% of women and elderly benefiting directly from the project	49%	54.65%	Implementing partner reports, monitoring data and reports, census data
Indicator 1.6	Number of households harvesting vegetables	6,400	3,482	Monitoring data and reports
Indicator 1.7	Number of people consuming vegetables	30,720 (4.8 people/household)	17,410	Monitoring data and reports
Explanation of output and indicators variance:	For indicators 1.1 – 1.4, a slightly higher number of beneficiary households were reached, owing to the amount of inputs, which could be procured locally using the funds budgeted. For 1.5, a slight increase in this proportion was noted as well, owing simply to the realities reported from the field. For indicators 1.6 and 1.7, this is equivalent to roughly 53% of total beneficiaries reached under this output. The remaining beneficiaries noted that they were heeding			

		knowledge and advice received to wait until the appropriate planting season before planting, harvesting and consuming the vegetables. Therefore, these two indicators are set to rise significantly over the coming weeks and months.
Activities	Description	Implemented by
Activity 1.1	Procurement of agricultural inputs (seeds, tools and/or other local planting materials)	FAO Vanuatu and FAO Sub-regional Office for the Pacific Islands
Activity 1.2	Development of technical guidance material/communication	Eden Hope Foundation (EHF), Vanuatu Red Cross Society (VRCS), Vanuatu Department of Agriculture and Rural Development (DARD), ADRA in conjunction with FAO Vanuatu and the FAO Sub-regional Office for the Pacific Islands
Activity 1.3	Define criteria for the selection of beneficiary households	FAO Vanuatu, FAO Sub-regional Office for the Pacific Islands, Eden Hope Foundation, Vanuatu Red Cross Society, Vanuatu Department of Agriculture and Rural Development, ADRA
Activity 1.4	Prepare the lists of beneficiary households and population disaggregated by gender, age groupings and disability	Eden Hope Foundation, Vanuatu Red Cross Society, Vanuatu Department of Agriculture and Rural Development, ADRA
Activity 1.5	Distribution of agricultural inputs (seeds, tools and/or other local planting materials) and technical guidance material/communication through Implementing Partners	Eden Hope Foundation, Vanuatu Red Cross Society, Vanuatu Department of Agriculture and Rural Development, ADRA
Activity 1.6	Design monitoring system to evaluate the output and its impact on the project objective	FAO Vanuatu and FAO Sub-regional Office for the Pacific Islands
Activity 1.7	Conduct monitoring exercise of beneficiary household sample	FAO Vanuatu
Activity 1.8	Complete evaluation of output and its impact on the project objective	FAO Vanuatu

Output 2 500 households processing and conservation capacity restored and strengthened in Pentecost, Ambae (South and West), Santo (West Coast Santo, South Santo, Luganville Area to Turtle Bay), Malo (included neighbouring Aore and Tutuba islands), Malekula (North), Ambrym (North) and Paama.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of households trained in processing and conservation of vegetables	500	335	Implementing partner reports, monitoring data and reports
Indicator 2.2	Number of households trained in processing and conservation of fish	500	335	Implementing partner reports, monitoring data and reports
Indicator 2.3	Number of households trained in processing and conservation of livestock	500	335	Implementing partner reports, monitoring data and reports

Explanation of output and indicators variance: The number of households reached through Output 2 activities is slightly lower than originally envisaged during the project planning stage. This was primarily due to the higher than anticipated costs incurred in conducting the

		training at community-level, particularly in vulnerable, hard-to-reach areas which were affected by TC Harold.
Activities	Description	Implemented by
Activity 2.1	Technical assistance on vegetable production	Nasi Tuan Association
Activity 2.2	Training the beneficiary households in processing and conservation of vegetables	Nasi Tuan Association and trained community members
Activity 2.3	Technical assistance on fish (aquaculture) production (Fish Aggregating Device (FAD))	Nasi Tuan Association
Activity 2.4	Training the beneficiary households in processing and conservation of fish	Nasi Tuan Association and trained community members
Activity 2.5	Technical assistance on livestock production	Nasi Tuan Association
Activity 2.6	Training the beneficiary households in processing and conservation of livestock	Nasi Tuan Association and trained community members
Activity 2.7	Design monitoring system to evaluate the output and its impact on the project objective	Nasi Tuan Association
Activity 2.8	Conduct monitoring exercise of beneficiary household sample	Nasi Tuan Association
Activity 2.9	Complete evaluation of output and its impact on the project objective	Nasi Tuan Association

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³

During the initial planning stage, FAO ensured planned activities were completely in line with the needs as outlined in a range of post-disaster assessments, both those led by the government of Vanuatu and those undertaken by other agencies and organizations. Furthermore, FAO, through its five implementing partners contracted for this project, liaised with a significant number of local leaders, chiefs and planned beneficiaries to ensure that activities under both outputs responded effectively to the needs as identified to respond to the impact of TC Harold. Upon the completion of project activities, monitoring was undertaken – primarily through remote means utilizing phone and Kobo Toolbox (a suite of tools for field data collection in challenging environments)– to understand the extent of the impact of activities as well as to potentially identify aspects for improvement in the future.

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

b. AAP Feedback and Complaint Mechanisms:

Accountability to affected populations was considered during all phases of the project cycle. All project activities were planned and conducted in close collaboration with the implementing partners and targeted communities. For communities across the various islands covered by Output 1, the four implementing partners established their own feedback mechanisms, which was arranged based on phone numbers provided to query any aspects of the distribution, as well as strong partnerships with local leaders and church leaders. Furthermore, upon completion of the distributions, monitoring was conducted by FAO Vanuatu staff using a Kobo Toolbox based survey calling beneficiaries and community leaders by phone. This approach was preferred as it meant that a larger number of persons could be surveyed within a relatively short period of time. It was also noted to be considerably less costly than travelling to targeted communities, particularly as many of them reside in remote and inaccessible locations. On the whole, monitoring results were positive; those consulted shared their satisfaction with the seed packages and tools received and more than half reported already having harvested the vegetables which were grown with the seed provided.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Similarly, PSEA was considered during all aspects of project implementation. Consent forms were used in a culturally-sensitive fashion to allow individual and household circumstances to be discussed with regards to receiving distributions of seed, seedling trays, shade net and plastic sheeting etc. All distributions were planned in tandem with local authorities and leaders (chiefs, church leaders) and the time and location of distributions were arranged so as to not subject beneficiaries to any potential protection risks. Grievance redressal mechanisms were established and shared by service providers with their targeted communities and households. In addition to this channel, community members were aware that they could raise any points of concerns with their local leaders, as per the regular practice in Vanuatu. Service providers regularly updated FAO as to the progress of their activities. Through these regular communications, any reported incidence would have been passed on to FAO. However, none were reported.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Both components of the project targeted all households in a given community/area and through the project implementation it was ensured that particularly women, girls and sexual and gender minorities had adequate access to these services. The implementing partner was trained and made aware of this and selection reflected this focus. In addition, all service providers were advised to capture sex-disaggregated data, as well as data on elderly and persons living with disabilities. When monitoring was conducted, efforts were made to survey an equal number of female and male respondents.

e. People with disabilities (PwD):

This project was not designed to take into consideration specific needs of persons living with a disability (PwD). Nonetheless, service providers ensured that all groups within the communities, especially households which had PwD, directly benefited from these distributions. Furthermore, consideration for disability was mainstreamed across all project activities, particularly with regards to selection of time and place of distributions (easy accessible location, convenient daylight hours, barrier-free facility) and sharing of technical guidance related to the agricultural kits which were distributed under Output 1.

f. Protection:

As the FAO project targeted entire households, it ensured that all members of the communities benefitted by these interventions. As such, all members of the targeted communities – including women, men, girls and boys, including the elderly and PwD – were reached in an equal and inclusive way. From post-distribution monitoring (which included respondents who were male, female, elderly and/or disabled) community satisfaction levels were extremely high – with those surveys indicating that they were pleased with the quality, quantity and timeliness of inputs. Service providers also adhered to their Codes of Conduct, ensuring that all staff who were engaged in this project followed agreed upon regulations and guidance to ensure the safety of targeted beneficiaries at all times.

g. Education:

Not applicable for this project

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
0	0	0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
FAO May 2020 sitrep	http://www.fao.org/fileadmin/user_upload/emergencies/docs/Sit%20Rep_Cylone%20Harold_6May2020.pdf
Loop Vanuatu article Jan 2021	https://www.loopvanuatu.com/vanuatu-news/cerf-and-fao-project-vanuatu-improve-over-1700-peoples-livelihood-96935
Daily Post article January and February 2021:	https://dailypost.vu/news/cerf-and-fao-project-to-improve-people-s-livelihood/article_5aadf026-55f3-11eb-986f-cf81ae5df3ca.html?utm_medium=social&utm_source=email&utm_campaign=user-share https://dailypost.vu/news/red-cross-fao-partner-to-assist-cyclone-affected-malo-communities/article_b6d5a290-6fe3-11eb-a144-5ffb0f8f78a1.html https://m.facebook.com/groups/324368901461309/permalink/844651372766390/?sfnsn=mo https://m.facebook.com/groups/324368901461309/permalink/843411289557065/?sfnsn=mo

3.2 Project Report 20-RR-IOM-013

1. Project Information			
Agency:	IOM	Country:	Vanuatu
Sector/cluster:	Emergency Shelter and NFI - Shelter and Non-Food Items	CERF project code:	20-RR-IOM-013
Project title:	Life-saving assistance to the most vulnerable populations in Vanuatu following the impact of Category 5 TC Harold		
Start date:	11/05/2020	End date:	10/11/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 4,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 508,000
	Amount received from CERF:		US\$ 492,000
	Total CERF funds sub-granted to implementing partners:		US\$ 381,500
	Government Partners		US\$ 0
	International NGOs		US\$ 381,500
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, IOM worked closely with partners including the National Disaster Management Office (NDMO), CARE Vanuatu and Oxfam Vanuatu to provide emergency shelter support to 3,287 people, cash-based assistance to 1,579 individuals and undertake displacement tracking of 6,218 people. The Displacement Tracking Matrix (DTM) is a methodology for identifying displaced populations and undertaking multisectoral needs assessments of these populations to provide critical information to inform the response. A total of 9,561 individuals were reached by the intervention through displacement tracking, with 4,867 of these receiving shelter or cash-based support in the most affected areas.

CERF funds contributed to CARE's multi-donor emergency shelter response. Through the first phase, emergency shelter kits including tarpaulins, ropes and other household items were distributed to disaster-affected communities to establish minimum tarpaulin-based shelter, accompanied by technical support and IEC materials, reaching 3,500 households. CERF enabled the second phase of CARE's build back safer support which commenced in mid May 2020, in parallel to tarpaulin and rope-based emergency shelter kit distributions. The second phase focused on emergency assistance through build-back-safe shelter kits to 800 households in South Pentecost and trained 80 Shelter Focal points (35% women) in shelter building-back principles across 23 communities. CARE also provided direct support to 756 households in South Pentecost by training 40 operators in the use of chainsaws for shelter reconstruction along with safety equipment, and consumables (fuel and oil). In total CARE assisted 3,287 individuals with emergency shelter assistance through CERF.

Through a cost-saving effort, CERF funds were re-programmed to support Oxfam's Cash distribution programme, providing 316 displaced and vulnerable households (1,579 individuals) with a month of cash transfers via e-vouchers in Sanma Province, redeemed at 183 local vendors across the province.

In coordination with the National Disaster Management Office (NDMO) and the new Displacement and Evacuation Centre Management Cluster (Displacement Cluster), IOM also undertook displacement tracking in three Provinces (Malampa, Penama and Sanma) including eight islands (Ambrym, Malekula, Pentecost, Aore, Araki, Malo, Mavea and Santo). A total of 9,561 people was reached through preliminary tracking, of which 6,218 people were reached through more intensive Displacement Tracking Matrix (DTM) assessments

identifying multi-sectoral needs. Of these, 359 households (1,724 individuals, including 879 male and 845 female) were registered at a household level. In addition, 265 evacuation centres have been mapped, 23 enumerators were trained (including from the NDMO) and a consolidated DTM report was widely circulated for use by partners in targeting assistance.

3. Changes and Amendments

Following the interim report where all activities, outputs and targets were identified as either achieved or on track, the project identified a cost-savings opportunity to divert funds towards Vanuatu's Cash Transfer Program operated by Oxfam Vanuatu. This enabled IOM to exceed original targets. Approval for this adjustment was given by CERF Secretariat in early October 2020. Note that the original re-programming request was for US\$ 26,500 to be used to support an additional 260 households with cash-based assistance, however the final amount transferred was US\$ 31,500 which extended the support even further to 316 households (1,579 individuals) in Sanma Province (one of the most cyclone-affected provinces). The 316 households that benefits from the cash-based assistance included:

- 95 eligible households that suffered from the impacts of primary displacement – total house loss – due to TC Harold
- 89 eligible households who qualified for the programme as fitting dual vulnerability criteria - single mothers, widows, elderly persons, people with disability, in addition to being qualified as displaced and having lost their homes
- 132 eligible households suffering from the impacts of secondary displacement due to the earlier Ambae Volcano Eruption, and who were further impacted by TC Harold and living in high impact areas.

The reprogramming did not change any of the planned activities, but instead complemented activities referenced in the original project proposal (page 3 and page 11).

CARE's emergency shelter assistance was reprogrammed following a review of the Displacement Tracking assessment findings and consultations with partners. Based on early assessment information released by the NDMO, CARE's original intervention proposed South Pentecost and Ambrym as target locations for emergency shelter kit assistance. Following a review of IOM's and NDMO's more intensive DTM assessments, CARE targeted CERF support towards the more affected communities from South Pentecost. The communities in Ambrym were supported through other funding secured by CARE as part of its multi-donor response. The decision did not impact overall targets from CARE.

Additionally, following consultations with the affected communities and the Department of Forestry (DoF), CARE identified a lack capacity to utilize wind-felled hardwood trees for timber, due to a lack of mills and/or chainsaws. In response CARE procured 40 chainsaw packages, including spare parts and safety material and rolled out two training workshops with a chainsaw expert for 40 operators (1 woman) - the training was funded through alternative sources. An agreement was signed by communities, chiefs and operators in order to identify clearly how operators will support communities to freely access the timber processed by the chainsaw operators.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Emergency Shelter and NFI - Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	2,000	1,500	3,000	2,500	9,000	2,205	2,295	2,200	2,861	9,561
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	2,000	1,500	3,000	2,500	9,000	2,205	2,295	2,200	2,861	9,561
People with disabilities (PwD) out of the total										
	30	20	30	20	100	24	40	18	28	110

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The CERF Grant allowed for CARE to leverage initial emergency response activities funded by other donors in order to meet the needs of nearly 20,000 people in Ambrym, Pentecost and Santo with a full package of emergency relief. This CERF funding significantly helped CARE to train shelter focal points to assist in initial emergency response distributions, and proactively support more substantial shelter kits distributed with CERF funding.

Additionally, the IOM and NDMO Displacement Tracking assessment supported improved targeting by responders based on identified needs and gaps. This indirectly supported people most affected by displacement in this event, and likely in future events, via ensuring more informed humanitarian response. Vanuatu's Displacement Tracking assessment provided additional data to support response activities undertaken at the Pacific Humanitarian Team (PHT), Vanuatu Cash Working Group, Vanuatu Shelter Cluster (led by Vanuatu Public Works Department in coordination with IFRC), and the Regional Shelter Cluster (chaired by IFRC).

6. CERF Results Framework

Project objective	The most vulnerable displaced persons in Vanuatu have their immediate and most critical shelter needs met through shelter assistance			
Output 1	Displaced populations are provided with short-term emergency shelter			
Was the planned output changed through a reprogramming after the application stage?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sector/cluster	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# Households that receive shelter assistance	800	800	CARE final report Household registration forms and Household distribution forms
Indicator 1.2	# Households that receive emergency shelter kits	800	800	CARE final report Household registration forms and Household distribution forms
Indicator 1.3	# of chainsaw operators receiving chainsaw material and safety equipment	0	40	Donation certificates
Indicator 1.4	# of households benefiting from assistance for timber processing	0	Directly*: 756 HH Indirectly**: 1560 HH *direct here including HH supported with chainsaw operators trained & equipped and consumables (fuel & oil) needed to provide for HH support,	List of participants, MOU Agreements with operators, chiefs & shelter focal points, Donation certificates

			** indirect here including South Pentecost HH that will benefit from the training and equipment of 40 chainsaw operators	
Indicator 1.5	# people benefiting from training of Shelter Focal Points	80 people	80 people (53 males, 28 females)	List of participants, donation certificates
Indicator 1.6	# Displaced households that receive cash-based assistance	260 households (amended to 316 households after increased funding)	316 households	IOM-Oxfam Monitoring Report 15 October-5 November 2020

Explanation of output and indicators variance: Over-achieved target in regard to support to chainsaw operators to access material and consumable for them to support households in South Pentecost. This change reflects people's need to safely access natural resources to meet their immediate shelter needs. Also, there were cost-savings in implementation that enabled additional cash-based assistance to be provided to displaced households, as per reprogramming request.

Activities	Description	Implemented by
Activity 1.1	Identify number, and tools needed to provide emergency shelter assistance	CARE Vanuatu
Activity 1.2	Procure and distribute tailored shelter kits	CARE Vanuatu
Activity 1.3-1.5	Equip displaced person with material and training to re-establish primary shelter	CARE Vanuatu
Activity 1.6	Provision of cash-based assistance	OXFAM Vanuatu

Output 2 Displaced individuals are registered

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# DTM rounds completed	3	3	DTM report DTM datasets (https://displacement.iom.int/node/9166?close=true)
Indicator 2.2	# Evacuation Centres mapped	122	256	DTM report DTM datasets (https://displacement.iom.int/node/9166?close=true)
Indicator 2.3	# Households covered by DTM	1800	1,912 1,295 359	DTM report DTM datasets (https://displacement.iom.int/node/9166?close=true)
Explanation of output and indicators variance:	Indicator 2.2. overachieved as IOM and NDMO identified more evacuation centres than planned.			

		Indicator 2.3, IOM and the NDMO initially identified 9,561 displaced individuals (1,912 households), then conducted more detailed assessments with 6,218 individuals (1,295 households) and then registered 1,724 individuals (359 vulnerable households) in the third assessment.
Activities	Description	Implemented by
Activity 2.1	Identify and train enumerators including NDMO	IOM
Activity 2.2	Conduct DTM, register displaced people, and map evacuation centers with NDMO	IOM, Vanuatu NDMO, Vanuatu Red Cross, Vanuatu Christian Council, Adventist Development and Relief Agency (ADRA) and Oxfam
Activity 2.3	Share analysis of needs and demographics with humanitarian partners	IOM and NDMO

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁵:

The DTM reports provided critical information about displaced people's needs that could be used to design interventions. CARE also conducted an initial survey across 11 communities in South Pentecost and drew on the DTM report to design the intervention. CARE and OXFAM also followed a number of strategies to ensure that Communication and Community Engagement (CCE) activities were integrated into all engagements with communities, in order to capture needs and voices of all community members. People were provided with the relevant information about this program, COVID-19, feedback mechanisms and CARE's approach & principles. This information was transmitted through face-to-face awareness sessions, distribution of printed IEC materials, social media, support for the national CCE sub-cluster's work on feedback mechanisms and community leaders' consultations. For CARE, MOUs were also signed with communities outlining commitments to consult and ways to provide feedback/complaints.

Moreover, based on feedback and needs assessments, the shelter team changed direction with specific funding amounts to support more local needs particularly around chainsaw packages and training, as well as cash for the most vulnerable.

b. AAP Feedback and Complaint Mechanisms:

Beneficiary feedback mechanisms were established specifically to discuss feedback on shelter assistance. CARE regularly utilized notice boards installed in all target communities to ensure that people were informed on activities and were provided with key contact numbers for them to provide CARE with complaints or requests for more information.

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

CARE also developed posters outlining the content of kits and processes for providing feedback on the distributions. These were also displayed during all distributions. The posters outlining the content of the kits were displayed, so that transparent information was available to all about what they should expect to receive in the kits. Those posters also provided information about feedback channels available to community members. These IEC materials were shared and explained to communities.

IOM provided all individuals registered through the DTM with information about who to contact about the research and how to file complaints. OXFAM also utilised an elaborate CCE campaign to ensure the cash-based assistance program was understood and people were aware of complaint mechanisms.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

IOM has strict policies and procedures for preventing and responding to Protection against Sexual Exploitation and Abuse (PSEA). All staff are regularly trained and re-oriented on its internal policies on PSEA and how it can be integrated in project implementation especially for activities that have high exposure to beneficiaries. IOM Vanuatu interacts both with partner organizations and beneficiaries directly.

As part of CARE Policy and Code of Conduct, all CARE staff have been trained on Protection against Sexual Harassment Exploitation & Abuse and Child Protection (PSHEA/CP). Also, support was provided by CARE to the Gender and Protection Cluster in order to ensure PSHEA information was displayed in the Emergency Operation Centre and in the Area Council office in South Pentecost, while staff were aware of mechanisms in place to address SEA-relating complaints.

SEA-IEC material displayed and explained:

- 'Stopem Sexuol Explotesen mo Abuse, hao nao mi save mekem wan ripot' – Gender and Protection Cluster poster outlining how to report suspicions of sexual exploitation and abuse, was displayed in the Area Council office or EOC
- 'Ol rul blong seksual kondak blong ol humanitarian woka' a poster outlining the Inter-Agency Standing Committee principles around preventing sexual exploitation and abuse, was displayed in the Area Council office or EOC
- 'Yu harem no gud from ol rabis fasin we I stap happen long yu' – a poster outlining GBV referral service providers was displayed in the Emergency Operation Centre and in the Area Council office

While working with partners such as the Vanuatu Red Cross Society (VRCS) and the Vanuatu Council of Churches (VCC), CARE also monitored that volunteers in the field used to support, CARE had also signed a PSEA & CP code of conduct within their respective organisations and ensured that any issue in communities would be addressed.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

At the local level, CARE worked closely with provincial authorities, chiefs and community leaders to ensure that mechanisms are in place to ensure that "no one is left behind". CARE explained and signed Memoranda of Understanding (MOU) with all targeted communities in order to clarify the program objectives and community engagement strategies, ensuring transparency and emphasis on how CARE intends to support marginalised groups. Women's participation in those meetings (Women leaders, female Shelter Focal Points) positively influence women's capacity to have a space to voice their concerns and specific needs, while ensuring that they can also feedback specific information to others in their respective communities.

CARE also worked closely with the Health Promotions Unit, the Gender and Protection Cluster, and the Shelter Cluster to identify appropriate IEC materials for shelter key messages and COVID-19 related IEC materials to ensure that they adequately capture the needs of marginalised groups to access the right information.

Additionally, CARE female staff were always present during distributions in order to specifically address explanations on shelter kits to women and girls, also supported by female Shelter Focal Points who received training primarily on the content and use of shelter kits. With the technical training that female Shelter Focal Points had received from CARE, and their own personal experience of being affected by this cyclone and receiving shelter kits, they were uniquely qualified to communicate appropriately with the individuals targeted, also supported by experienced CARE team members.

e. People with disabilities (PwD):

During program implementation and monitoring, trained shelter focal points have supported CARE to ensure that all households were provided with shelter assistance, with a particular focus on most at risk population and marginalized groups. Through other funding sources, CARE partnered with the Vanuatu Society for People with Disabilities (VSPD) who is a member of the Gender and Protection Cluster and one of the two key disability organizations in Vanuatu, in order to ensure that people with disabilities were included in interventions and received the tailored support needed for their specific requirements. VSPD undertook detailed field level registration and client assessments for people living with disabilities and then worked with government and non-government humanitarian agencies to ensure that people received the assistance they needed.

Oxfam considered a range of vulnerability criteria, including disability, in assessments regarding cash distribution. IOM's DTM also surveyed the ratio of households which included one or more persons with acute health issues, disability, or current illness.

f. Protection:

To ensure inclusion of humanitarian protection principles in this relief effort, IOM's DTM activities comprehensively assess a range of protection considerations, ranging from sex, age, and disability disaggregation of data, through to assessment of where specific protection concerns are in existence. This has helped to inform the response more generally.

Please see responses above which answer this question in more detail regarding gender, accountability, and disability considerations.

For example, the SEA-IEC material displayed and explained:

- 'Stopem Sexuol Explotesen mo Abuse, hao nao mi save mekem wan ripot' – Gender and Protection Cluster poster outlining how to report suspicions of sexual exploitation and abuse, was displayed in the Area Council office or EOC
- 'Ol rul blong seksual kondak blong ol humanitarian woka' a poster outlining the Inter-Agency Standing Committee principles around preventing sexual exploitation and abuse, was displayed in the Area Council office or EOC
- 'Yu harem no gud from ol rabis fasin we I stap happen long yu' – a poster outlining GBV referral service providers was displayed in the Emergency Operation Centre and in the Area Council office

Additionally, CARE female staff were always present during distributions in order to specially address explanations on shelter kits to women and girls, also supported by female Shelter Focal Points who received training primarily on the content and use of shelter kits.

g. Education:

CARE's emergency shelter approach emphasises education and training to ensure the sustainability of the intervention. CARE engaged with communities for them to identify Community Shelter Focal Points in every community targeted through this grant. At the initial stage, communities selected 80 Shelter Focal Points (53 males, 28 females). Identified SFPs successfully participated in a 3-day workshop, including 1 day "introduction workshop", and 2 days "technical workshop".

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Yes, CVA is a component of the CERF project	1,579

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Oxfam large-scale cash transfer response adopted a consortium style approach including collaboration with the private sector, INGO and local NGO partners present in the Vanuatu Cash Working Group, and local banks. The intervention addressed the basic needs of

vulnerable groups that were most exposed to food insecurity. Cash transfers provided in the form of e-vouchers, totalling 10,000 VUV per month (US\$ 87.94) were calculated based on Household Income and Expenditure Survey data from the Vanuatu National Statistics Office, which provided average household expenditure across multiple categories per month.

Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 1.6 Provision of cash-based assistance	1,579	US\$ 87.94 (per month)	Emergency Shelter and NFI - Shelter and Non-Food Items	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Facebook post	https://www.facebook.com/IOMAsiaPacific/posts/the-vanuatu-national-disaster-management-office-ndmo-and-the-international-organ/3061472903934841/
Displacement Tracking Assessments Underway in all cyclone-affected Islands	https://dailypost.vu/news/displacement-tracking-assessments-underway-in-all-cyclone-affected-islands/article_644c5c8a-9e0b-11ea-be71-9b809bd2d3ab.html
Daily Post article - NDMO continues to address needs of over 18, 000-displaced-people	https://dailypost.vu/news/ndmo-continues-to-address-needs-of-over-18-000-displaced-people/article_ef423832-8f1a-11ea-b505-8fec980c8265.html
Facebook post	https://www.facebook.com/UNPacific/posts/d41d8cd9/1109547602752414/
IOM-supports-vanuatu-response-dual-challenge-category-5-cyclone-covid-19	https://www.iom.int/news/iom-supports-vanuatu-response-dual-challenge-category-5-cyclone-covid-19
TC Harold Displacement Tracking Report	https://displacement.iom.int/system/tdf/reports/Displacement%20Tracking%20Report%20TC%20Harold%20-%20June%202020_0.pdf?file=1&type=node&id=9166
CARE Facebook posts	https://www.facebook.com/carevanuatu/posts/when-tcharold-ripped-apart-homes-across-the-islands-of-vanuatu-care-helped-famil/919956071860949/ https://www.facebook.com/carevanuatu/posts/930815000775056 https://www.facebook.com/carevanuatu/posts/919245318598691
Facebook Re-post (examples)	https://www.facebook.com/oxfaminvanuatu/posts/oxfam-in-vanuatu-joins-iom-vanuatu-and-other-humanitarian-partners-to-register-d/2599110373691313/ https://www.facebook.com/UNPacific/posts/d41d8cd9/1109547602752414/
IOM Newsletter (see p. 8)	https://australia.iom.int/sites/default/files/PDFs/IOM%20in%20the%20Pacific%20-%20VI.pdf

3.3 Project Report 20-RR-FPA-024

1. Project Information			
Agency:	UNFPA	Country:	Vanuatu
Sector/cluster:	Health - Health	CERF project code:	20-RR-FPA-024
Project title:	Ensuring provision of lifesaving sexual and reproductive health services to women and adolescents affected by Tropical Cyclone Harold		
Start date:	13/05/2020	End date:	12/11/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:	US\$ 696,000	
	Total funding received for agency's sector response to current emergency:	US\$ 26,130	
	Amount received from CERF:	US\$ 241,558	
	Total CERF funds sub-granted to implementing partners:	US\$ 113,493	
	Government Partners	US\$ 0	
	International NGOs	US\$ 113,493	
	National NGOs	US\$ 0	
Red Cross/Crescent Organisation	US\$ 0		

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNFPA and partners reached 8,121 women of reproductive age including 1,750 pregnant women and 1,013 adolescent girls with life-saving sexual reproductive health services such as family planning, emergency obstetrics, new-born care services, treatment of sexually transmitted infections, cervical cancer screening, and psychosocial support between June – October 2020 in seven districts of Santo and Pentecost islands. An additional 20,174 (women and girls) and 17,480 men were indirectly reached with information sessions on healthy pregnancy, contraception, sexually transmitted infections, and gender-based violence. Public measures to prevent COVID-19 community transmission were included as part of the awareness raising sessions delivered through the Vanuatu Family Health Association (VFHA) organized response teams in 67 villages.

Overall, the project directly and indirectly served a total of 45,957 women, men, and girls with essential Sexual and Reproductive Health (SRH) services, general medical consultations and health information. This was achieved during the period when more than 95% of the health facilities had been severely affected by TC Harold. The CERF funding was critical to the Health sector response - specifically SHR - as it allowed to address the pressing immediate humanitarian needs before recovery programs were able to attend to medium- and long-term needs. To this end, the outreach was successful in minimising the adverse impact on health services caused by the cyclone on women and girls.

3. Changes and Amendments

A two months extension was requested in December 2020 to utilize unspent funds for the completion of remaining information education materials that had not been completed as per original project timeline due to inability of the local suppliers to print as per required quantities. Savings incurred from reduced travel and procurement of emergency transport services due to COVID-19 restrictions and the lack of patients requiring emergency referral were redirected to communications related activities. The no-cost extension was also utilised for the payment of local shipping costs of RH kits (funded through CERF) which replenished the utilised prepositioned RH kits.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0			0	0	
Other affected people	7,000	0	800	0	7,800	7,108	0	1,013	0	8,121
Total	7,000	0	800	0	7,800	7108	0	1,013	0	8121
People with disabilities (PwD) out of the total										
	30	0	20	0	50	54	0	0	0	54

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

A total of 37,654 individuals (20,174 women and 17,480 men) have participated in awareness raising sessions on family planning, sexually transmitted infections, cervical cancers and COVID-19 preventive health measures, including signs and symptoms of COVID-19.

6. CERF Results Framework

Project objective	Reduce preventable maternal mortality and morbidity among those women affected by TC Harold in five cyclone affected locations.			
Output 1	Women of reproductive age, young people and persons with disabilities are accessing lifesaving reproductive health services provided by emergency medical response teams			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of women receiving FP services (by FP method) in RH Tents and VFHA outreach services (disaggregated by disability)	3,822	4,994	Health outreach Report
Indicator 1.2	Number of pregnant women provided with skilled delivery assistance	994	992	Health Facility Reports
Indicator 1.3	Number of ANC services provided (disaggregated by disability)	1,800	1,750	Health outreach and facility report
Indicator 1.4	Number of caesarean section deliveries	149	No C-Section report	Health Facility Reports
Indicator 1.5	Number of adolescents (disaggregated by sex, age and disability) provided with RH information and services in health facilities and outreach clinics	2,400	2,911	Health outreach Reports
Indicator 1.6	Number of health facilities received solar panels to enable provision of life saving SRH services	8	2	Implementing Partner Reports
Explanation of output and indicators variance:		<p>Indicator 1.1. The outreach team was able to counsel more women during their outreach work in 67 villages.</p> <p>Indicator 1.3. The actual number of pregnant women who turned out for ANC was lower than projected. This could be due to the high cost of transport in the aftermath of TC Harold.</p> <p>Indicator 1.4: Health facilities in the project sites are lower level facilities and not performing C-sections. No data on CS was available.</p>		

		Indicator 1.6 The cost of locally procured solar panels including installation was much higher than what was originally budgeted. The available budget was there only able to cover the cost of 2 panels.
Activities	Description	Implemented by
Activity 1.1	Procure and distribute RH Kits and PPEs to selected health centers and VFHA Clinics	UNFPA
Activity 1.2	Mobilize VFHA peer educators to reach adolescents with SRH information and services	International Planned Parenthood Federation (IPPF)-Sub-Regional Office for the Pacific (SROP), Vanuatu Family Health Association (VFHA)
Activity 1.3	Provide basic RH services through the establishment of temporary RH Medical Tents and community outreach	International Planned Parenthood Federation (IPPF)-Sub-Regional Office for the Pacific (SROP), Vanuatu Family Health Association (VFHA)
Activity 1.4	Orientation of Emergency Medical Teams on RH Kits	UNFPA
Activity 1.5	Provide SRH information and services through Family Health Outreach	Vanuatu Family Health Association (VFHA)
Activity 1.6	Procure and distribute solar panels in Santo and Pentecost	Vanuatu Family Health Association (VFHA)

Output 2 Referral mechanisms (for both women's health and for survivors of violence) in affected areas of Pentecost, Santo, Ambrym, Maewo and Ambae with transport (road/boat) to the closest functioning facility are in place and functional

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of women with OB complications and GBV survivors provided with emergency transport	50	0	NGO-IP final Report
Indicator 2.2	Referral pathways and emergency transport established	1 per area	1	Mobile outreach report
Indicator 2.3	# of pregnant women informed of the referral pathway and emergency transport services	100% of pregnant women coming for assistance	100%	Mobile outreach report
Indicator 2.4	# of GBV survivors informed of the referral pathway and emergency transport services	100% of GBV survivors	100%	Mobile outreach reports
Explanation of output and indicators variance:		Indicator 2.1: This activity was not implemented. No client presented with a need for emergency transport services.		
Activities	Description	Implemented by		

Activity 2.1	Procure local emergency transport services in identified locations	Vanuatu Family Health Association (VFHA)
Activity 2.2	Orient community volunteers and peer educators on the mechanics of referral and use of emergency transport	Vanuatu Family Health Association (VFHA)
Activity 2.3	Provide information to walk in clients about the referral pathways and emergency transport service	Vanuatu Family Health Association (VFHA)

Output 3 Increased awareness of pregnant and non-pregnant women on the potential consequences of COVID-19 to their health and wellbeing in affected areas of Pentecost, Santo, Ambrym, Maewo, and Ambae.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health - Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of IEC materials on risk communication on pregnancy and COVID-19 printed distributed to health workers	4,000 printed pieces	3,850	Outreach report
Indicator 3.2	# of community volunteers and peer educators oriented on the use of IEC materials	25	25	Outreach report
Indicator 3.3	# young people and women of reproductive age reached with COVID-19 information through radio messages, social media and community outreach	12,800	12856	Outreach report

Explanation of output and indicators variance: Target for printed IEC materials was not met due to the inability of the local supplier to meet the required quantities as per timeline. During the no cost extension phase additional IEC materials were printed to cover the gap.

Activities	Description	Implemented by
Activity 3.1	Provide training to health workers in disseminating accurate information to WRA and pregnant women on pregnancy and COVID-19	Vanuatu Family Health Association (VFHA)
Activity 3.2	Orient peer educators and community volunteers on the use of IEC materials on COVID-19 and SRH	Vanuatu Family Health Association (VFHA)
Activity 3.3	Disseminate COVID-19, GBV and SRH messages through radio, community outreach and social media	Vanuatu Family Health Association (VFHA)

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁷

Communities were mobilized and engaged during the outreach information sessions on issues such as family planning, GBV, teen pregnancies, sexually transmitted infections and cervical cancer. Due to the remoteness of the target communities, the team could not engage communities prior to the actual outreach missions to design the delivery of the services to their communities. The outreach teams, relied on community elders and village health workers in the mobilization of women and girls that accessed the services.

b. AAP Feedback and Complaint Mechanisms:

The VFHA response teams worked closely with the Vanuatu Disabled People's Organization to ensure that the response was able to reach women with disabilities and engaged two volunteers with disabilities as part of the response team. Feedback from clients on the lack of services before TC Harold was received and shared with health officials. Overall, the community was appreciative of the outreach services as these are free of cost to them.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Orientation on PSEA was done for all service providers and volunteers in the response teams. The Code of Conduct for humanitarian workers was distributed and signed by each member of the team.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The two temporary SRH medical stations and four mobile outreach teams provided accessible and safe spaces for women including those with disabilities to receive information and services that helped them avoid unplanned pregnancies, and allowed them to get confidential first line SGBV support including presumptive treatment for sexually transmitted infections and pre-referral treatment.

e. People with disabilities (PwD):

VFHA, the Implementing Partner of UNFPA for this response engaged two persons with disability as part of the outreach team. They handled and ensured that the information sessions for women and persons with disabilities were accessible. Through UNFPA's regular resources, 100 pieces of customised disability dignity kits were distributed to ensure that essential hygiene needs of women with disabilities were met during the acute phase of the response. The content of the dignity kits had been adapted following consultation with women and girls with disabilities.

f. Protection:

All 30 members of the VFHA rapid response teams received briefing and orientation on the IPPF-Code of Conduct and were formally introduced to the communities prior to the start of the outreach activities. Client cards were handled by a dedicated medical staff in each

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

team to ensure client privacy was maintained throughout the response. GBV awareness sessions were held prior to the provision of first line-support to women who came forward and sought referral support.

g. Education:

SRH and GBV information sessions were done as part of the outreach work. Trained community mobilizers were deployed to handle these education sessions with the communities.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	N/A	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Success story	https://docs.google.com/document/u/4/d/1PrYKhpLzQT3rDBog16IET_-xp_tT0Tss/edit?usp=drive_web&oid=109938007013758042190&rtpof=true

3.4 Project Report 20-RR-CEF-033

1. Project Information			
Agency:	UNICEF	Country:	Vanuatu
Sector/cluster:	Water Sanitation Hygiene - Water, Sanitation and Hygiene Nutrition - Nutrition	CERF project code:	20-RR-CEF-033
Project title:	WASH and Nutrition Response to Tropical Cyclone Harold in Vanuatu		
Start date:	09/04/2020	End date:	08/10/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:	US\$ 4,845,377	
	Total funding received for agency's sector response to current emergency:	US\$ 590,000	
	Amount received from CERF:	US\$ 889,930	
	Total CERF funds sub-granted to implementing partners:	US\$ 598,664	
	Government Partners	US\$ 518,664	
	International NGOs	US\$ 80,000	
	National NGOs	US\$ 0	
Red Cross/Crescent Organisation	US\$ 0		

2. Project Results Summary/Overall Performance

WASH

Through the CERF grant, UNICEF was able to assist the Department of Water Resources (DoWR), who leads the WASH cluster, to provide safe water to 19,600 people through water trucking and to 15,067 people through quick fixes and rehabilitation of community water systems. Some 4,777 people benefitted from WASH supplies including buckets, tarpaulins, dignity kits, etc. that were distributed to communities, healthcare facilities and schools. Eight sanitation officers were trained and helped install 115 ventilated improved pit (VIP) latrines that reached 14,141 people. The rehabilitation of WASH infrastructures was supported in 25 health facilities, serving some 50,300 people, and in 19 schools and 51 early childhood care and education (ECCE) with a total of 6,349 students and learners (3,263 boys and 3,086 girls). These interventions contributed to the reduction in the risk for water-borne or water related diseases in the affected as the rates of diarrhoea dropped down to 3 percent by July 2020 from a high of 15 percent 4-6 weeks after the cyclone. ⁸

Nutrition

Through the CERF grant, UNICEF was able to work with the Ministry of Health and World Vision to provide life-saving therapeutic care to 209 children who were detected with moderate acute malnutrition (MAM) and 22 with severe acute malnutrition (SAM), 11 of whom were children with disabilities. A total of 5,535 children, 6-59 months old, including 18 with disabilities, were screened for acute malnutrition. A total of 5,096 children received Vitamin A supplementation, 1,759 were given micronutrient powder and 3,525 were de-wormed while 2,802 pregnant women received iron folic acid tablets. Through these services, MAM cases have decreased from 42 cases to 14 in 3 zones where follow-up screening was done within a month after the interventions. This initiative also jumpstarted the nutrition programme by the MOH and it is now being integrated as a part of the regular health services.

⁸ Ministry of Health-Vanuatu (2020). *Tropical Cyclone Harold, Vanuatu Surveillance Report for TC-affected areas-to 05 July 2020*.

3. Changes and Amendments

As reported in the interim update, the Ministry of Health (MOH) adjusted the estimate of the total number of children 0-59 months old, in the 3 affected provinces to 7,000 from the 22,000 initial estimate made by the National Disaster Management Office (NDMO) and which was used in the proposal. The adjusted targets are shown in Section 6, Output 2 on Nutrition. CERF took note of the changes on the targets and thus affirms that the indicators under Health and WASH had reached the planned targets.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition - Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	13,000	0	11,000	11,000	35,000	2,842	0	2,727	2,808	8,337
Total	13,000	0	11,000	11,000	35,000	2,832	0	2,727	2,808	8,337
People with disabilities (PwD) out of the total										
	1,300	0	1,100	1,100	3,500	(no data)	0	6	12	18
Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	19,600	19,600	15,400	15,400	70,000	19,817	19,744	15,817	15,744	71,122
Total	19,600	19,600	15,400	15,400	70,000	19,817	19,744	15,817	15,744	71,122
People with disabilities (PwD) out of the total										
	1,960	1,960	1,540	1,540	7,000	216	268	149	114	747

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Over 53,000 people indirectly benefitted from WASH cluster assistance including communities in the catchment zones of healthcare facilities and in nearby schools whose WASH infrastructures were rehabilitated or improved, those who were covered by community awareness campaigns and those who received WASH key messages using social media, printed materials and SMS.

All under-five children in the country, numbering around 20,000, will indirectly benefit as the high impact nutrition interventions that the project have initiated, have been mainstreamed in regular health services. In addition, some 10,000 6-59 months old children from other provinces outside of the affected areas will benefit from nutrition supplies e.g. Vitamin A, that were procured using the CERF contribution.

6. CERF Results Framework

Project objective	To reduce the risk of waterborne and water related diseases and micronutrient deficiency and severe acute malnutrition of children under five in targeted communities				
Output 1	Target communities affected by TC Harold have daily access to adequate and safe water, sanitation and hygiene, meeting Sphere and WHO standards				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of people benefitting from rehabilitated water supply systems (disaggregated by age group and sex)	14,700 men, 14,700 women, 11,550 boys, 11,550 girls	19,744 men, 19,817 women, 15,744 boys, 15,817 girls	IP activity report, WASH cluster 4Ws database	
Indicator 1.2	Number of people benefitting from latrines constructed with community support (disaggregated by age group and sex)	150 men, 150 women, 900 boys, 900 girls	3,476 men, 3,594 women, 3,477 boys, 3,594 girls	IP activity report, WASH cluster 4Ws database	
Indicator 1.3	Number of people that participate in hygiene promotion activities (disaggregated by age group and sex)	19,600 men, 19,600 women, 15,400 boys, 15,400 girls	19,744 men, 19,817 women, 15,744 boys, 15,817 girls	IP activity report, WASH cluster 4Ws database,	
Indicator 1.4	Number of people with disability benefiting from water, sanitation and hygiene rehabilitation activities (as per feedback from targeted PWD)	2,000 people	747 people	VSPD Disability Disaggregated Data, IP activity report	
Explanation of output and indicators variance:		The results for indicator 1.2 far exceeded the target by an enormous margin because of the MOH strategy to build communal latrines instead of household toilets. The results for indicator 1.4 are based on partial reports from 2 of the 3 provinces. Malampa province has not submitted its report at the time of the writing of this report.			
Activities	Description	Implemented by			
Activity 1.1	Restoration of water supply systems in communities and schools	Department of Water Resources (DoWR)			
Activity 1.2	Procurement and distribution of WASH kits, tarpaulins and water collapsible tanks	DoWR, Gender and Protection Cluster (GPC)			

Activity 1.3	Water quality improvements through household water treatment and storage	DoWR, MoH
Activity 1.4	Installation and repair of sanitation systems	MoH
Activity 1.5	Hygiene promotion activities	DoWR

Output 2 Essential nutrition services are provided to women and children under five affected by TC Harold

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	% of children 6-59 months screened for Severe Acute Malnutrition and referred for treatment of SAM	>80% (17,600 for screening, 336 for SAM treatment) Adjusted: >80% (5,040 for screening & 110 for SAM)	110% of target for screening (5,535 children were screened). 20% of target for SAM (22 cases children with SAM)	World Vision activity report Ministry of Health Sanma Activity report
Indicator 2.2	% of children 6-59 months receiving Multiple Micronutrient Powders, Vitamin A supplementation and Deworming	>80% (128000 for MNP, 164,000 for Vit A) Adjusted: >80% (5,040 for MNP and Vitamin A)	35% of the target for MNP (1,759 children given MNP). 100% of the target for Vit. A (5,096 Children given Vit A)	WVV activity report MoH Activity Report
Indicator 2.3	% of pregnant women receiving IFA	>80% (4,000 Pregnant Women)	70% of the target (2,802 women received IFA)	MoH H.I.S antenatal data
Indicator 2.4	% of mothers and caregivers reached with Infant and Young Child feeding messages	>80% (6,400 mothers and caregivers)	87% of the target (5,598 mother and caregivers reached with key messages)	WVV activity report MoH activity report
Indicator 2.5	Number of women and children with disability provided nutrition services	480 women; 1,760 6-59 months old children Adjusted: 124 women; 455 children 6-59 months old	18 children	WVV activity report
Explanation of output and indicators variance:		The Nutrition targets have been adjusted based on more realistic population estimates set by the MOH. From the 22,000 0-59 months old children in the affected areas originally estimated based on NDMO figures, the MOH has corrected this to 7,000.		

		<p>Indicator 2.1 The target was adjusted based on corrected MOH estimate of under-5 population. The low number of SAM was the actual result of the nutrition screening.</p> <p>Indicator 2.2. The numbers in the original target are wrong as they apparently did not refer to number of children. The target was adjusted based on corrected MOH estimate of under-5 population. The low achievement for MNP was because it requires sessions with mothers on how to use them before they are given unlike Vitamin A which were readily administered.</p> <p>Indicator 2.5. Nutrition screening was done house-to-house in the 3 provinces and only 18 children with disabilities were found. No data on women with disabilities as the MOH did not record cases.</p>
Activities	Description	Implemented by
Activity 2.1	Procurement and distribution of essential nutrition supplies including Vitamin A, Deworming Tablets, MNP, IFA, Therapeutic Food (F75, F100, ReSoMal, RuTF) for children and pregnant and lactating women	MOH
Activity 2.2	Capacity building of community health workers at provincial and community levels for ensuring Essential Nutrition Services in Emergency, Surveillance and reporting	MOH
Activity 2.3	Refresher Training of health workers in Provincial Hospitals for SAM management and inpatient treatment	MOH
Activity 2.4	Screening of children with MUAC tape, referral and community Mobilization, and support to sentinel surveillance	MOH & World Vision Vanuatu
Activity 2.5	Treatment of children with SAM	MOH
Activity 2.6	Nutrition social and behaviour change communication	MOH & World Vision Vanuatu

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁰:

The rapid needs assessment that was conducted in the affected areas included focus group discussions with women and girls and people with disabilities. Their inputs were integrated not only in the design of this project but also in the response plans of the WASH and Nutrition

⁹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁰ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

cluster and the government. Implementing partners held consultations with the communities as a first step before implementation to solicit their views and suggestions and to encourage their participation in project activities. UNICEF carried out regular field monitoring missions and initiated third-party monitoring that sought the views of women, children and persons with disabilities on the assistance provided. Results of these monitoring missions were discussed with UNICEF and implementing partners.

b. AAP Feedback and Complaint Mechanisms:

The project activated existing community structures for feedback and complaints mechanisms as well as social media comments. World Vision has a community network that maintains communications with leaders and members mainly through SMS. MOH reaches communities through their healthcare facilities and health workers. Healthcare workers engaged communities in dialogues. DoWR has a webpage comments section where complaints could also be received, but this will need to be highlighted more in future emergencies so more anonymous feedback can be sent.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

The Gender and Protection Cluster (GPC), in which UNICEF is a member, assisted the WASH and Health & Nutrition clusters on PSEA. The GPC provided orientation on detection, reporting and referral of sexual abuse and exploitation cases. WASH Emergency Response Teams (ERTs) signed the Code of Conduct to safeguard standards of behaviour. UNICEF's Project Cooperation Agreement (PCA) with World Vision also contains provisions for action on PSEA. Reporting of cases follows the established referral process that maintains confidentiality with oversight of the GPC.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Considerations for protection, gender, and inclusion have been integrated in the overall response plan to ensure protection and prevention of GBV amongst women and girls. For example, the GPC was tasked in the distribution of WASH NFIs which they combined with community activities on GBV prevention. Distributions were carried out during daylight hours and in locations where women and girls deemed safe. Menstrual hygiene management was promoted through female focus group discussions during distribution of dignity kits to protect dignity of girls and women. Norms in their communities and personal preferences and practices related to WASH were also tackled in the focus group discussions. Most of the nutrition community sessions involved mothers and women which helped them increase their knowledge, build their confidence and contributed to their empowerment.

e. People with disabilities (PwD):

The WASH cluster collaborated with the Disability Inclusion Sub-Cluster in holding a consultation with PwDs and care givers to identify and act on removing barriers that hinder full and effective participation of and assistance to PwDs. As a result, WASH cluster responded by immediately trucking clean water in portable 20 L containers to meet urgent needs of PwDs living in remote communities; and in some locations provided portable potties and shared user friendly instructions with care givers through home visits. The distribution of WASH kits to households was based on a set of criteria which included targeting vulnerable households, including household with elderly and people/children with disabilities. Overall, attempts were made for water systems and latrines that served PwD to be prioritized for restoration to promote dignity, inclusion and better mental and physical health. Deliberate efforts were also made to locate and include children with disabilities in the nutrition screening and other nutrition services.

f. Protection:

The GPC provided support, technical advice and oversight to the WASH and Health & Nutrition Clusters to ensure that protection of all affected persons and vulnerable groups were mainstreamed in the response. Joint cluster meetings were held to provide protection elements to WASH and nutrition interventions and to find ways to prioritise vulnerable groups. Giving the responsibility of WASH NFI

distributions to GPC and focused search for children with disabilities during nutrition screening are two highlights that integrate protection in sector services.

g. Education:

Aspects of education have been considered in the design through inclusion of schools as target areas and using training to upgrade skills and develop capacities. Immediate restoration of WASH services in schools was one of the prime objectives of the WASH response to ensure continuity of learning in affected schools. Furthermore, part of this WASH response was training of school personnel on WASH-in-School construction to ensure the facilities are installed and operated as per national standards. The nutrition interventions also involved the training of health workers and community volunteers on the use of the Mid-Upper Arm Circumference (MUAC) tape to detect acute malnutrition and the Infant and Young Child Feeding (IYCF) practices that is fundamental to a child's survival, growth and development.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Given the limited supply chains and small number of markets in the affected areas, CVA was deemed not a suitable strategy for WASH or Nutrition interventions.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	0	0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Distribution of WASH NFIs in Panama	https://www.facebook.com/DoWRVanuatu/posts/2784972301612236
TC Harold WinS Response	https://www.facebook.com/DoWRVanuatu/posts/2901118633330935
Photo Essay: Recovering from a category five cyclone in the Pacific Island nation of Vanuatu	https://www.unicef.org/pacificislands/stories/recovering-category-five-cyclone-pacific-island-nation-vanuatu

3.5 Project Report 20-RR-WFP-028

1. Project Information			
Agency:	WFP	Country:	Vanuatu
Sector/cluster:	Emergency Telecommunications - Common Telecommunications	CERF project code:	20-RR-WFP-028
Project title:	ETC Response to TC Harold, Vanuatu		
Start date:	07/04/2020	End date:	06/10/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 2,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 199,262
	Total CERF funds sub-granted to implementing partners:		US\$ 187,124
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

To support the response to Cyclone Harold in Vanuatu, the ETC provided critical connectivity services to affected populations on three of the worst-hit islands – Pentecost, Malekula and Santo. COVID-19-related travel restrictions to these three remote locations were overcome by activating national partnerships through the Pacific Group, a local company in Vanuatu, contracted by WFP for the duration of the CERF project, whose partners stepped in to install the satellite terminals. Solar energy solutions were installed in each connectivity site to make sure a reliable power supply supported the satellite equipment. On 6 August, ETC data connectivity services were completed in the three locations, in line with the 90-day response plan.

Following assessments, the ETC assisted Vanuatu Broadcasting and Television Corporation (VBTC) in restoring severely damaged radio and television transmission towers and infrastructure in Santo and Malekula. This brought key sources of information for affected communities – such as Radio Vanuatu – back on the air. Radio Vanuatu is the primary source of information for island communities in Santo, Malekula and Pentecost, not least for disaster relief and emergency information. The ETC completed its operations for the Cyclone Harold response in October 2020 after implementing all proposed projects.

An estimated 105,000 people benefitted from the ETC services provided across the three islands in the most affected areas.

As part of its monitoring and evaluation activities, the ETC conducted a survey in November 2020. An overall satisfaction rate of 85 per cent was given by partners for the ETC activities and services provided during the response.

3. Changes and Amendments

The ETC response to Cyclone Harold was launched when most Pacific Island Countries (PICs) were in a state of emergency due to the COVID-19 pandemic. This prevented the ETC Coordinator – based in Suva, Fiji – from conducting critical activities on the ground in Vanuatu, including damage assessments and equipment installations. The ETC notified CERF of the need to reprogramme US\$ 30,000 of the budget from staffing and travel to contractual services. This reprogramming of funds and shift in implementation strategy was paramount in enabling the delivery of critical communications services and did not have implications on the final outcomes of the ETC plan.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Emergency Telecommunications - Common Telecommunications									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

N/A The entire affected population directly benefitted from ETC services.

6. CERF Results Framework

Project objective	As a result of telecommunications and radio communications needs to support life-saving activities, the Emergency Telecommunications Cluster (ETC) is working with the national authorities in Vanuatu to support the emergency response. The ETC's partners in and out of Vanuatu aim to fill telecommunications gaps by providing shared connectivity services for national responding authorities, humanitarian responders and the affected population in West Coast Santo, north-east Malekula and south Pentecost.			
Output 1	Provision of shared connectivity and ICT services for the affected population, humanitarian community and responders in affected areas.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Emergency Telecommunications - Common Telecommunications			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of common operational areas covered by internet connectivity services for affected population and responders (West Coast Santo)	1	1	Pacific Group
Indicator 1.2	Number of common operational areas covered by internet connectivity services for affected population and responders (North-East Malekula)	1	1	Pacific Group
Indicator 1.3	Number of common operational areas covered by internet connectivity services for affected population and responders (South Pentecost)	1	1	Pacific Group
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	ETC partners will deploy internet connectivity and Wi-Fi access services to be for use by affected population, humanitarian community and responders in affected areas (West Coast Santo)	Pacific Group		
Activity 1.2	ETC partners will deploy internet connectivity and Wi-Fi access services to be for use by affected population, humanitarian community and responders in affected areas (North-East Malekula)	Pacific Group		
Activity 1.3	ETC partners will deploy internet connectivity and Wi-Fi access services to be for use by affected population, humanitarian community and responders in affected areas (South Pentecost)	Pacific Group		

Output 2	Restoration of broadcast community radio and television services			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Emergency Telecommunications - Common Telecommunications			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Assessment and repair of transmission towers for Vanuatu Broadcasting and Television Corporation (VBTC-Radio Vanuatu) (Beleru)	1	1	Pacific Group
Indicator 2.2	Assessment and repair of transmission towers for Vanuatu Broadcasting and Television Corporation (VBTC-Radio Vanuatu) (Lakatoro)	1	1	Pacific Group
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	ETC partners will conduct an assessment and repair damage to transmission towers (Beleru)	Pacific Group		
Activity 2.2	ETC partners will conduct an assessment and repair damage to transmission towers (Lakatoro)	Pacific Group		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹¹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹²:

See below under b the satisfaction survey.

b. AAP Feedback and Complaint Mechanisms:

As the project was to restore and provide emergency telecommunication to the three most affected Islands populations, there was not a specific feedback and complaint mechanisms for its targeted group. However, ETC conducted a survey in November 2020 to capture

¹¹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹² AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

ETC partners' feedback in the Pacific on the response to Cyclone Harold. An overall satisfaction rate of 85 per cent was given by partners for the ETC activities and services provided during the response.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

N/A Technical support

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

An all inclusion approach as the entire affected population was directly benefitting from the re-establishment of ETC services.

e. People with disabilities (PwD):

An all inclusion approach as the entire affected population was directly benefitting from the re-establishment of ETC services.

f. Protection:

N/A Technical support

g. Education:

N/A Technical support

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	0	0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Snapshots from the Field: Connectivity delivered across Vanuatu	https://www.etcluster.org/blog/snapshots-field-connectivity-delivered-across-vanuatu
Snapshots from the Field: "Nature has its own timeline"	https://www.etcluster.org/blog/snapshots-field-nature-has-its-own-timeline
Snapshots from the Field: Bringing Radio Vanuatu back on air	https://www.etcluster.org/blog/snapshots-field-bringing-radio-vanuatu-back-air

3.6 Project Report 20-RR-WHO-024

1. Project Information

Agency:	WHO	Country:	Vanuatu
Sector/cluster:	Health - Health	CERF project code:	20-RR-WHO-024
Project title:	Life-Saving Health Response to TC Harold		
Start date:	10/04/2020	End date:	09/10/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 2,543,000
	Total funding received for agency's sector response to current emergency:	US\$ 0
	Amount received from CERF:	US\$ 342,635
	Total CERF funds sub-granted to implementing partners:	US\$ 32,516
	Government Partners	US\$ 32,516
	International NGOs	US\$ 0
	National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

The CERF grant allowed WHO to provide and support life-saving interventions in the following weeks and months such as:

- Support for Vanuatu Medical Assistance Team (VANMAT), EMT deployment and coordination in the first 4 weeks of the response. This included technical support to National and Provincial Health EOCs and logistical support for EMT deployment. In addition, WHO driver, based in Port Vila was deployed with the 4WD truck to Santo island to support EMT deployment and then integrated outreach public health activities.
- By the end of May, 32 EMTs had deployed with 89 health personnel who provided medical services to over 50,000 people.
- 98 Health Facility Assessments were completed; these indicated widespread and severe damage, particularly in Sanma and Penama.
- Support to set-up Information Management and Surveillance tools and template at provincial level conducted through field visits, support in development and training of staff on completing SitRep templates.
- Quick fix of damaged health facilities and procurement of medical (NCD screening materials) and non-medical equipment to damaged health facilities and EOCs.

3. Changes and Amendments

TC Harold reached Vanuatu on the 6th of April. At this time, the National Health EOC (NHEOC) and Incident Management Team (IMT) were already activated for COVID-19 preparedness activities. On the 7th of April, the NHEOC and IMT were repurposed to respond to TC Harold. In mid-May 2020, due to the Government announcement of the plan for repatriation of citizens and residents stranded abroad due to COVID-19 to start in June, resources at national level were diverted to COVID-19 preparedness and preparation for repatriations. TC Harold response in the provinces was ongoing, but a lot of resources of the Ministry of Health at national level were switched to COVID-19 response. This led to delays in some of the components of the TC Harold response, including some of the activities supported by this CERF project, i.e. delay in procurement and implementation for the quick fix of health facilities. Hence the request for no-cost extension which was approved on 27 October for an extension until 8 January 2021.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	25,000	25,000	25,000	25,000	100,000	12,500	12,500	12,500	12,500	50,000
Total	25,000	25,000	25,000	25,000	100,000	12,500	12,500	12,500	12,500	50,000
People with disabilities (PwD) out of the total										
	2,500	2,500	2,500	2,500	10,000	250	250	250	250	1,000

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

It is estimated that about 100,000 persons in the affected areas will benefit indirectly from the outreach activities conducted at community level. This includes distribution of mosquito nets, mass clean-up campaigns, deworming, NCD screening and awareness sessions around prevention of communicable diseases.

6. CERF Results Framework

Project objective To restore critical health services, to restore syndromic and event-based surveillance and to ensure that affected populations have access to critical health information across all three affected Provinces.

Output 1 Restoration of primary and secondary health services in the three affected Provinces: Health - Health

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health - Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Population reached by mobile Emergency Medical Team outreach services	100,000	5,556	Situation reports
Indicator 1.2	Population with restored access to primary/secondary health services	100,000	50,000	Situation reports
Indicator 1.3	Health facilities receiving medicines and supplies to support health service delivery	30	10	Situation reports

Explanation of output and indicators variance: The EMT supported by the CERF grant were deployed in 2 affected areas as other areas were supported by other partners. The health facilities directly affected and non-functional was lower after assessments than initially estimated. Teams were deployed with medicines and supplies provided by the Ministry of Health.

Activities	Description	Implemented by
Activity 1.1	Support for the Vanuatu Medical Assistance Team to deploy emergency medical teams to the affected Provinces	Ministry of Health and WHO Short Term Consultant
Activity 1.2	Quick-fix repairs to damaged primary and secondary health facilities	Ministry of Health and WHO Short Term Consultant
Activity 1.3	Provision of medicines and medical supplies to health facilities across the three affected Provinces	Ministry of Health

Output 2 Restore syndromic and event-based surveillance and outbreak response in affected Provinces

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health - Health

Indicators	Description	Target	Achieved	Source of verification
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Indicator 2.1	Percentage of health centres in affected Provinces with functioning surveillance system	100%	100%	Situation reports
Indicator 2.2	Percentage of health centres with at least one health worker trained on syndromic surveillance, case definitions and use of EWARS system	100%	100%	Situation reports
Indicator 2.3	Percentage of evacuation centres reporting through community event-based surveillance system	100%	N/A	N/A
Explanation of output and indicators variance:		There were no formal evacuation centers which lasted for very long after the cyclone. Surveillance in those was ensured through the mobile teams providing medical services.		
Activities	Description	Implemented by		
Activity 2.1	Deployment of "EWARS in a Box" emergency mobile-based surveillance system	Ministry of Health-WHO		
Activity 2.2	Training for health workers on implementation of enhanced syndromic surveillance	Ministry of Health-WHO		
Activity 2.3	Training and support for evacuation center managers and community/religious leaders on community-event based surveillance	Ministry of Health-WHO		

Output 3	Affected populations informed of risks to their health and how to mitigate them			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of people reached with critical health messaging	100,000	100,000	Situation and field reports
Indicator 3.2	Outbreaks of epidemic-prone diseases (respiratory, diarrhoeal, vector-borne)	Does not exceed established epidemic thresholds	Leptospirosis outbreak and increase in watery diarrhoea detected	Situation reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 3.1	IEC materials developed and distributed to affected populations	Ministry of Health		
Activity 3.2	Entomological surveillance and preventive vector control activities implemented	Ministry of Health		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and

Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹³ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP) ¹⁴:

The health cluster and sector provided medical and health services to affected population, including for women and girls, people with disabilities, especially in the area of sexual and reproductive health supported by UNFPA. Local population was involved in community-based activities from the onset of the response

b. AAP Feedback and Complaint Mechanisms:

The project had feedback collated through the EOCIMT focal points and shared amongst the health cluster to determine the most efficient and effective options to address needs, demands and bottlenecks.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Orientation on PSEA was done for all service providers and volunteers in the response teams. The Code of Conduct for humanitarian workers was distributed and signed by each member of the team.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

WHO through the activities of the health cluster provided services in support to affected population, ensuring the inclusion of women and girls, especially in the area of sexual and reproductive health through UNFPA services.

e. People with disabilities (PwD):

Gender and protection cluster, WHO also relied on Vanuatu Family Health Association who are implementing agencies of UNFPA.

f. Protection:

Gender and protection cluster-UNFPA

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
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¹³ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁴ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

No	No	0
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If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Not implemented by the Health cluster. OXFAM was in charge of the Cash and Voucher assistance scheme in Vanuatu.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	0	0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Ministry of Health-Health promotions Facebook page	https://www.facebook.com/Health-Promotions-Vanuatu-1674266679566197
Ministry of Health-TC Harold webpage	https://moh.gov.vu/index.php/pages/tc-harold
WHO Western Pacific region multimedia library	https://multimedia.wpro.who.int/search/results?sort_by=created_on&s%5Bkeyword%5D=Vanuatu&s%5Bclass%5D=

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Total Funds Transferred in USD
20-RR-IOM-013	Shelter & NFI	IOM	NNGO	\$31,500
20-RR-FAO-021	Food Assistance	FAO	GOV	\$16,224
20-RR-FAO-021	Food Assistance	FAO	NNGO	\$21,556
20-RR-FAO-021	Food Assistance	FAO	RedC	\$13,334
20-RR-FAO-021	Food Assistance	FAO	INGO	\$23,723
20-RR-FAO-021	Food Assistance	FAO	NNGO	\$3,456
20-RR-FPA-024	Health	UNFPA	INGO	\$109,074
20-RR-FPA-024	Health	UNFPA	INGO	\$4,419
20-RR-CEF-033	Water, Sanitation and Hygiene	UNICEF	GOV	\$317,445
20-RR-CEF-033	Water, Sanitation and Hygiene	UNICEF	GOV	\$172,187
20-RR-CEF-033	Water, Sanitation and Hygiene	UNICEF	GOV	\$29,032
20-RR-CEF-033	Nutrition	UNICEF	INGO	\$80,000
20-RR-WHO-024	Health	WHO	GOV	\$32,516
20-RR-CEF-033	Nutrition	UNICEF	NNGO	\$31,500