

**VANUATU  
RAPID RESPONSE  
STORM  
2023**

**23-RR-VUT-61859**

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Resident/Humanitarian Coordinator

## PART I – ALLOCATION OVERVIEW

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### Reporting Process and Consultation Summary:

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

28 May 2024

AAR participants: RC – MCO Fiji; IOM, UNICEF, (grant-receiving agency); OCHA OoP; and the Adventist Disaster Relief Agency.

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 nationally led response to the recent cyclones in Vanuatu was delivered through structured engagement and a localized approach by line ministries, in close coordination with civil society organizations. This strategic and prioritized response, funded by the CERF, enabled the delivery of the most urgent, life-saving needs of the affected population swiftly and effectively.

UN agencies and implementing partners of line ministries and civil society organizations conducted monthly reviews of the overall CERF project to ensure continuous improvement and alignment with the needs on the ground. The collective response has been particularly focused on areas where the Government has less capacity, such as WASH, Nutrition, Shelter, and CCCM, ensuring a rapid and stabilizing response that facilitates the transition to early recovery.

The CERF funding has provided several concrete benefits: it has signalled strong international support to the Government of Vanuatu, which has been cautious about the UN's role following past experiences with Cyclone Pam and Harold; it has supported localization efforts by working through local partners and structures; it has encouraged additional resources from other donors; and it has helped mainstream protection, disability, gender, and Accountability to Affected Populations (AAP) through close coordination with local stakeholders.

Overall, the CERF funding has been instrumental in demonstrating the added value of the UN and the IASC in the Pacific, ensuring a seamless link between humanitarian response and early recovery in Vanuatu.

### CERF's Added Value:

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

Yes

Partially

No

The CERF funds led to a rapid delivery of assistance to people in need. IOM utilized CERF funding to swiftly procure and distribute essential shelter and NFI kits to affected households, ensuring timely life-saving aid.

#### Did CERF funds help respond to time-critical needs?

Yes

Partially

No

IOM used the funds to provide shelter, NFIs, and training on building back safer techniques, which are essential right after a disaster. UNICEF's allocation enabled the procurement and prepositioning of nutrition supplements and emergency water supplies, which were vital for the affected communities, preventing further health deterioration and ensuring immediate needs were met. CERF funding was crucial in addressing immediate, time-critical needs.

#### Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

The CERF funds significantly improved coordination among humanitarian actors. IOM's activities under CERF funding fostered collaboration among UN agencies, government entities, and local communities, leading to a more coordinated and effective response. UNICEF's use of CERF funding also promoted better inter-agency coordination and collaboration, ensuring a unified and efficient response leveraging the strengths of each participating entity.

#### Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

While it catalyzed the initial response, it also highlighted the need for additional resources to address the full scale of humanitarian needs, potentially encouraging further donations from other sources, according to IOM.

## Considerations of the ERC's Underfunded Priority Areas<sup>1</sup>

The CERF allocation primarily addressed the underfunded priority area of protection, particularly in the context of ensuring the safety and well-being of displaced populations. The project focused on providing life-saving shelter and NFIs, monitoring displaced populations, and assisting evacuation centres, which are crucial for protecting vulnerable individuals after a disaster. The Displacement Tracking Matrix (DTM) tools used in the project also helped identify and address specific protection risks faced by different groups, including women, children, and people with disabilities. For instance, with IOM the project did not explicitly address issues related to Gender-Based Violence (GBV) or the specific needs of people with disabilities beyond the provision of shelter and NFIs. Additionally, the focus on emergency response limited the project's ability to address the root causes of vulnerability and build long-term resilience among affected communities.

For UNICEF CERF funding enabled the integration of protection and gender principles into the response, ensuring WASH kits and services were distributed in safe locations and times, with a focus on menstrual hygiene management. Support for people with disabilities (PwD) was also prioritized. The WASH cluster identified households with PwD and provided tailored services, including clean water access and ceramic filters, improving their dignity and well-being. Challenges included limited technical capacity and resources, particularly in remote areas. However, collaboration with partners ensured the timely delivery of essential supplies. The response also promoted male participation in caregiving, expanding community involvement in nutrition education.

To advance collective efforts in addressing underfunded priority areas, CERF could consider providing more flexible and longer-term funding mechanisms that allow for a more comprehensive approach to protection. This could include supporting projects that focus on GBV prevention and response, providing specialized services for people with disabilities, and integrating protection considerations into all stages of disaster response and recovery. CERF could also play a role in advocating for increased attention and resources for underfunded priority areas among other donors and humanitarian actors.

**Table 1: Allocation Overview (US\$)**

<b>Total amount required for the humanitarian response</b>	<b>27,033,261</b>
CERF	1,060,000
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	0
<b>Total funding received for the humanitarian response (by source above)</b>	<b>25,973,261</b>

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

Agency	Project Code	Sector/Cluster	Amount
IOM	23-RR-IOM-039	Shelter and Non-Food Items	320,000

<sup>1</sup> 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](#).

<b>IOM</b>	23-RR-IOM-039	Camp Coordination and Camp Management	80,000
<b>UNICEF</b>	23-RR-CEF-060	Water, Sanitation and Hygiene	462,000
<b>UNICEF</b>	23-RR-CEF-060	Nutrition	198,000
<b>Total</b>			<b>1,060,000</b>

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

<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>378,110</b>
Funds sub-granted to government partners*	167,103
Funds sub-granted to international NGO partners*	393,545
Funds sub-granted to national NGO partners*	0
Funds sub-granted to Red Cross/Red Crescent partners*	121,242
<b>Total funds transferred to implementing partners (IP)*</b>	<b>681,890</b>
<b>Total</b>	<b>1,060,000</b>

\* 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.

## 2. OPERATIONAL PRIORITIZATION:

### Overview of the Humanitarian Situation

On 21 October 2023, Tropical Cyclone Lola began as a tropical low near the Solomon Islands and intensified into a Category 5 cyclone, making landfall in Vanuatu as a Category 4 cyclone. The cyclone affected approximately 91,000 people, causing one fatality, injuring 31 individuals, and displacing over 2,400 people. It severely damaged residences, schools, infrastructure, and water sources, leading to significant agricultural and livestock losses, and threatening food security. Coastal flooding worsened the situation, impacting both residential and commercial properties. The affected areas have faced multiple cyclones this year alone, leaving them vulnerable due to ongoing recovery efforts and their remote location.

### Operational Use of the CERF Allocation and Results

In response to the crisis, the ERC allocated \$1.06m from CERF. This funding enables UN agencies and partners to provide life-saving assistance to 17,499 people, including 753 people with disabilities in the WASH, Nutrition, Shelter/NFI and CCCM sectors. The CERF allocation enables UN agencies and partners to start the emergency response. In particular, CERF funding focuses on 1) ensuring access to safe water and improved hygiene practices for 12,500 people through quick fixes of water supply systems and distribution of dignity kits and water tanks, 2) provision of essential medicines and nutrition supplies for 5,000 children, combined with training to 5,000 caregivers on child feeding in emergencies, and 3) distribution of emergency shelter and non-food items (NFIs) to 2,206 people, using an in-kind modality, as well as additional 1,104 people with 'build back safer' techniques.

### People Directly Reached:

All four sectors of the CERF reached their planned beneficiaries as shown in table 4.

For IOM the figures in Tables 4, 5, and 6 are based on data from field visits, household surveys, and evacuation centres. The Displacement Tracking Matrix (DTM) tracked 3,873 individuals across 429 host families and 77 evacuation centres, ensuring accurate identification of those in need. Data collection involved a baseline assessment, eight weeks of monitoring, and final verification to minimize double-counting. Deviations from planned figures, particularly in evacuation centres, stemmed from the fluid nature of displacement, with individuals moving between centres and host families. The higher number reached in host communities reflects the project's success in assisting those seeking refuge with relatives or friends. In total, 8,960 people were directly reached.

To estimate the figures reported in Tables 4, 5, and 6, UNICEF employed a systematic approach in collaboration with DoWR, ADRA, and other partners. Data was collected through field visits, household surveys, and evacuation centres, with efforts made to avoid double-counting by using unique identifiers and tracking mechanisms. For instance, hygiene kits were distributed to 10,324 individuals, including 3,745 menstruating people, and WASH services benefitted 12,555 individuals. The counting process ensured that each beneficiary was only recorded once, even if they received multiple services. Improved nutritional support and care were provided to 4,544 children under five. Additionally, 7,560 caregivers received nutrition guidance. Severely malnourished children received timely hospital care, with a 100% recovery rate. Collaboration with the Vanuatu Ministry of Health and other stakeholders ensured coordinated efforts and prevented duplication. Overall, the project directly reached 8,960 people.

## **People Indirectly Reached:**

In total, both agency efforts indirectly reached over 85,664 people.

Over 10,000 people indirectly benefited from UNICEF's WASH cluster assistance through community awareness campaigns, printed materials, and social media campaigns on key WASH messages and social behaviour change communication.

The IOM project indirectly reached an estimated 75,664 people through various activities. Engagement with local communities and authorities provided ownership and empowerment, contributing to long-term recovery and resilience. Capacity building for local actors had a lasting impact, as the skills and knowledge gained will continue to benefit communities in future disaster responses. Specifically, the distribution of Shelter and Non-Food Item Kits indirectly benefited an additional 17,664 individuals directly associated with supporting the displaced persons targeted for S-NFI distribution. Additionally, at least 58,000 people indirectly benefited from community engagement activities and the dissemination of shelter awareness materials to the highest cyclone risk communities, providing them with knowledge and skills for safer building techniques.

**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
Camp Coordination and Camp Management	335	343	211	215	1,104	1,815	1,633	1,516	1,765	6,729
Nutrition	4,750	250	2,449	2,551	10,000	6,426	1,134	2,499	2,045	12,104
Shelter and Non-Food Items	670	685	421	430	2,206	721	692	391	427	2,231
Water, Sanitation and Hygiene	3,061	3,189	3,061	3,189	12,500	3,140	3,141	3,134	3,140	12,555

\* 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	-
Returnees	441	-
Internally displaced people	441	6,062
Host communities	1,104	2,345
Other affected people	15,513	25,212
<b>Total</b>	<b>17,499</b>	<b>33,619</b>

**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	5,755	6,729	252	276
Men	4,217	12,104	173	334
Girls	3,693	2,231	161	272
Boys	3,834	12,555	167	258
<b>Total</b>	<b>17,499</b>	<b>33,619</b>	<b>753</b>	<b>1,140</b>

## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 23-RR-IOM-039

1. Project Information			
<b>Agency:</b>	IOM	<b>Country:</b>	Vanuatu
<b>Sector/cluster:</b>	Shelter and Non-Food Items Camp Coordination and Camp Management	<b>CERF project code:</b>	23-RR-IOM-039
<b>Project title:</b>	Emergency response to Cyclone-Affected Populations in Vanuatu with lifesaving Shelter and Non-Food Items (ES/NFI)		
<b>Start date:</b>	10/11/2023	<b>End date:</b>	09/05/2024
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 4,661,500</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 120,000</b>
	<b>Amount received from CERF:</b>		<b>US\$ 400,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 260,199</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 260,199
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

Through the CERF funding, IOM and its implementing partner, Adventist Development and Relief Agency (ADRA) Vanuatu implemented a comprehensive response to Cyclone Lola in Vanuatu, focusing on Camp Coordination and Camp Management (CCCM) and Shelter and Non-Food Items (S/NFI). The project aimed to improve the living conditions of cyclone-affected populations by providing lifesaving S/NFI, monitoring displaced populations, and assisting evacuation centres in the target provinces of Malampa and Penama.

The main outputs achieved include the distribution of shelter and NFI kits to 600 vulnerable households, surpassing the initial target of 500 households. Additionally, training sessions on building back safer techniques were conducted for households in 10 communities in Southwest Malekula, directly benefiting 100 households. Weekly monitoring of over 100 active evacuation centres and host households was conducted until January 14, 2024, with final field verification completed between March 3 and March 14, 2024.

The M&E assessment conducted between April 28 and May 4, 2024, provided valuable insights. Out of 600 beneficiary households, a sample size of 176 households was surveyed, revealing high satisfaction rates. The assessment highlighted the critical role of

community leaders in communication and the importance of transparent beneficiary selection. Despite logistical challenges and some allegations of bias, the distribution was largely successful, with 98% of respondents expressing satisfaction with the assistance received.

In terms of people reached the project assisted a total of 8,969 individuals through CCCM and S/NFI activities. This included:

- **CCCM:** 6,738 individuals, including 1,815 women, 1,633 men, 1,765 boys, and 1,516 girls. Of these, 111 were people with disabilities.
- **S/NFI: 2,231** internally displaced persons (721 women, 692 men, 427 boys, 391 girls). Of these, 56 were people with disabilities.

The project has several key achievements:

**Timely Arrival of Shelter Kits:** Families in Malampa Province reported that the arrival of shelter tool kits was well-timed, as they were needed most during the later stages of recovery.

**Prioritization of Vulnerable Groups:** The project successfully prioritized reaching vulnerable groups, ensuring their specific needs were addressed.

**Community Engagement and Ownership:** Active community engagement fostered ownership and ensured that assistance reached those most in need.

**Data-Driven Decision Making:** The displacement tracking data collected through the project informed decision-makers and responders, enabling them to tailor assistance and allocate resources more effectively.

**Build Back Safer Training:** The training in Southwest Malekula was well-received and empowered 100 households to construct more resilient homes using local materials and improved methods.

**Exceeded Targets:** The project exceeded distribution targets, reaching 600 households against an initial target of 500.

**Community-Led Approach in DECM:** Successfully built capacity at the area council and community level for displacement tracking and needs assessment, empowering local actors and ensuring a more sustainable approach.

The outcome achieved by the project includes enhanced living conditions and increased resilience among cyclone-affected populations. The timely provision of shelter and NFI kits ensured that vulnerable households had access to essential items, while the training on safer building techniques contributed to more resilient housing structures. The comprehensive displacement tracking and monitoring efforts provided critical data for better decision-making and resource allocation, improving the overall response coordination among humanitarian actors. Overall, the project successfully met its objectives, providing crucial support to the affected communities and contributing to a more coordinated and effective humanitarian response in Vanuatu following Tropical Cyclone Lola.

### 3. Changes and Amendments

There were no deviations during the project implementation period

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Camp Coordination and Camp Management									
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	134	137	84	86	441	0	0	0	0	0
Internally displaced people	134	137	84	86	441	873	907	992	1,101	3,873
Host communities	335	343	211	215	1,104	643	601	490	611	2,354
Other affected people	402	411	253	258	1,324	299	125	34	53	511
<b>Total</b>	<b>1,005</b>	<b>1,028</b>	<b>632</b>	<b>645</b>	<b>3,310</b>	<b>1,815</b>	<b>1,633</b>	<b>1,516</b>	<b>1,765</b>	<b>6,738</b>

#### People with disabilities (PwD) out of the total

14	14	8	8	44	28	33	22	28	111
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Sector/cluster	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	134	137	84	86	441	0	0	0	0	0
Internally displaced people	134	137	84	86	441	679	692	391	427	2,189
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	402	411	253	258	1,324	42	0	0	0	42
<b>Total</b>	<b>670</b>	<b>685</b>	<b>421</b>	<b>430</b>	<b>2,206</b>	<b>721</b>	<b>692</b>	<b>391</b>	<b>427</b>	<b>2,231</b>

#### People with disabilities (PwD) out of the total

10	10	6	6	32	14	20	9	13	56
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\* 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 IOM project indirectly reached an estimated 75,664 people through various activities. Engagement with local communities and authorities provided ownership and empowerment, contributing to long-term recovery and resilience. Capacity building for local actors had a lasting impact, as the skills and knowledge gained will continue to benefit communities in future disaster responses. Specifically, the distribution of Shelter and Non-Food Item Kits indirectly benefited an additional 17,664 individuals directly associated with supporting the displaced persons targeted for S-NFI distribution. Additionally, at least 58,000 people indirectly benefited from community engagement activities and the dissemination of shelter awareness materials to the highest cyclone risk communities, providing them with knowledge and skills for safer building techniques.

## 6. CERF Results Framework

<b>Project objective</b>	Improve the living conditions of cyclone-affected populations through the provision of lifesaving S/NFI, monitoring of displaced populations and assistance to evacuation centres in the target provinces.			
<b>Output 1</b>	Cyclone-affected households are provided with S/NFI kits to support recovery and improve living conditions			
<b>Was the planned output changed through a reprogramming after the application stage?</b>		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>
<b>Sector/cluster</b>	Shelter and Non-Food Items			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	SN.1b; 1a Number of in-kind shelter and NFI kits distributed.	500 kits	600	Post Distribution Monitoring
Indicator 1.2	Number of targeted communities engaged for build back safer techniques and shelter loss prevention.	10	10	Post Distribution Monitoring
Indicator 1.3	AP.4b Percentage of affected people who state that the assistance, services and/or protection provided correspond with their needs (satisfied with the S/NFI assistance provided & data disaggregated by sex, age, and disability).	70%	97%	Post Distribution Monitoring
<b>Explanation of output and indicators variance:</b>		<p>Variance Explanation: The project exceeded the target by 100 households (120% of the target). This was due to the efficient procurement and distribution processes, which enabled the project to extend its reach to additional households in need. The increase in the number of households reached ensured that more vulnerable families received essential shelter and NFI kits</p> <p>The number of IDPs assisted slightly exceeded the target by 25 individuals. This minor variance is within acceptable limits and reflects the project's ability to accurately identify and support the intended beneficiaries.</p> <p>The number of persons with disabilities assisted exceeded the target by 24 individuals (175% of the target). This increase demonstrates the project's</p>		

		commitment to inclusivity and ensuring that the needs of all vulnerable groups, including those with disabilities, are addressed.
Activities	Description	Implemented by
Activity 1.1	Procure the S/NFI kits and dispatch to target areas.	ADRA
Activity 1.2	Distribute the S/NFI kits to identified beneficiary households.	ADRA
Activity 1.3	Conduct S/NFI Post Distribution Monitoring among sampled recipient households.	IOM
Activity 1.4	Distribute shelter reinforcement and construction awareness materials.	ADRA

**Output 2** Data and evidence on the mobility, vulnerabilities, and needs of cyclone-affected populations is available to enable decision makers and responders to provide these populations with better life saving assistance.

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

Sector/cluster	Camp Coordination and Camp Management			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of field data collection missions conducted with the government and/or partners.	2	8	DECM final verification report
Indicator 2.2	Number of DTM information products delivered to inform the emergency response.	1	2	DECM/DTM dashboard and Cluster Sitreps
Indicator 2.3	Number of Displacement and Evacuation Centre Management cluster meetings conducted in NEOC and PEOCs.	6	6	Meeting attendance and notes.

**Explanation of output and indicators variance:**

Variance Explanation: The actual number of people assisted in displacement sites exceeded the target by 3,428 individuals (142% of the target). This increase can be attributed to the dynamic nature of displacement and the need to provide support to a larger number of individuals than initially anticipated. The ongoing monitoring and data collection efforts allowed for a more accurate assessment of needs, leading to a higher number of beneficiaries.

The number of persons with disabilities assisted was more than double the target (230% of the target). This significant increase highlights the effective identification and inclusion of vulnerable individuals in the response activities, ensuring that their specific needs were met.

Overall, the variances from the targets highlight the project's adaptability and effectiveness in responding to the actual needs on the ground. The ability to exceed targets, particularly in reaching vulnerable groups and persons with disabilities, underscores the success of the project's implementation and the positive impact on the affected communities.

Activities	Description	Implemented by
Activity 2.1	Conduct displacement tracking data collection in identified locations according to DECM form and NDMO processes.	IOM
Activity 2.2	Produce and maintain an online dashboard with data on the displacement situation.	IOM (support from OCHA)
Activity 2.3	Conduct monthly Displacement and Evacuation Centre Management cluster meetings.	IOM
Activity 2.4	Monitor population size and movements, including identifying and referring gaps in service provision, and advocating for partner response.	IOM

## 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 areas<sup>2</sup> 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)<sup>3</sup>

IOM and ADRA maintained open communication with Area Administrators and Community Disaster and Climate Change Committees (CDCCCs) to ensure communities were informed about project implementation. This included explaining beneficiary selection criteria to ensure transparency and community acceptance. Prior to Shelter and Non-Food Item (S-NFI) distribution, IOM and ADRA conducted pre-distribution briefings for CDCCC leaders and community members, tailoring information to address protection concerns and clarify kit contents and intended use.

### b. AAP Feedback and Complaint Mechanisms:

A complaint and feedback mechanism (CFM) was established to enable the community to provide feedback during distribution and attend to the needs of the most vulnerable members (considering gender, age, disability, and diversity dynamics) of the community at final distribution sites. A priority queue was established for older people, pregnant and lactating women, female-headed households and people living with disabilities to reduce their waiting time during distribution. Detailed Post Distribution Monitoring was conducted across the project sites through key informant interviews and focus group discussions with dedicated sex and age-disaggregated sessions, allowing project beneficiaries to assess the quality of response, relevance, and timeliness. IOM has maintained flexible and open communication with the beneficiaries to gather the views and adapt to any changing needs of the affected populations in addressing the five commitments to Accountability to Affected Populations namely Leadership/Governance, Transparency, Feedback and Complaints, Participation, Design, Monitoring and Evaluation.

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

<sup>2</sup> 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](#).

<sup>3</sup> 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](#).

The project team required all implementation team members to understand and sign the IOM code of conduct policy which stresses zero tolerance of sexual exploitation and abuse (SEA) before engaging in any implementation activity. All team members were also briefed on a SEA referral process to ensure they can report SEA allegations, concerns suspicions or retaliation related to SEA through appropriate pathways.

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

The project team paid deliberate attention to the specific needs of women, girls, men, and boys, including the particularly older people targeted for greater involvement in the project. The project activities were conducted to mitigate the impact of GBV within the project site. The team adhered to a gender balance policy for its team composition in ensuring that staff and outreach teams were composed of both women and men.

**e. People with disabilities (PwD):**

The Project team has adopted an inclusive and person-centred approach during the project activity implementation commencing from the Verification Assessments to S-NFI distributions, and the Post Distribution Monitoring, prioritizing individuals in vulnerable situations such as women-headed households, persons with disabilities and older people for all interventions. PWDs are an important group in society, and they have been prioritized in this process.

**f. Protection:**

The project team has ensured that the diverse needs, concerns, and priorities of all beneficiary groups are taken into consideration during project implementation. A “Do No Harm Policy” is strictly adhered to during the implementation phase to ensure integrity and reputation are maintained at all levels of engagement and that no harm is caused at all levels

**g. Education:**

During the initial phases of response, schools were being used as Evacuation Centres for the displaced populations. The DECM cluster, in coordination with the Shelter and Education Cluster response efforts in providing CCCM tracking and S-NFI Kits, has ensured that the affected people voluntarily return to their homes in a safe and dignified manner, and this allows for schooling activities to resume more efficiently following the closure.

**8. Cash and Voucher Assistance (CVA)**

**Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

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.

The project did not utilize Cash and Voucher Assistance (CVA) as the immediate needs of the affected population were primarily for essential goods and services that were not readily available in the local markets. The provision of in-kind assistance, such as shelter kits and NFIs, was deemed more appropriate and effective in meeting the urgent needs of the affected population in the aftermath of the cyclone.

**Parameters of the used CVA modality:**

Specified CVA activity	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
------------------------	--------------------------------	----------------------	----------------	-------------



(incl. activity # from results framework above)				
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

### 9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

## 3.2 Project Report 23-RR-CEF-060

### 4. PROJECT REPORTS

#### Project Report 23-RR-CEF-060

1. Project Information			
<b>Agency:</b>	UNICEF	<b>Country:</b>	Vanuatu
<b>Sector/cluster:</b>	Water, Sanitation and Hygiene Nutrition	<b>CERF project code:</b>	23-RR-CEF-060
<b>Project title:</b>	WASH and Nutrition Emergency Response to Tropical Cyclone (TC) Lola		
<b>Start date:</b>	10/11/2023	<b>End date:</b>	09/05/2024
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 3,200</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 350,000</b>
	<b>Amount received from CERF:</b>		<b>US\$ 660,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 421,690.51</b>
	Government Partners		US\$ 167,103.12
	International NGOs		US\$ 133,346.02
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 121,241.37	

### 2. Project Results Summary/Overall Performance

#### Overall WASH Response and Project Results

Through the CERF grant, UNICEF provided technical guidance and support to the WASH Cluster as co-lead with the Department of Water Resources (DoWR) to ensure effective coordination and information management of WASH response in the affected communities. UNICEF and its partners delivered essential WASH services to the affected communities in Malampa, Penama, and Epi in Shefa. UNICEF in collaboration with DoWR and the Adventist Development and Relief Agency (ADRA) supported quick fixes, water delivery services, and restoration of communal water infrastructures in the affected communities benefitting 12,555 people (6,274 women and 6,281 men). 10,324 people (5,162 women and 5,162 men) received hygiene kits and jerry cans through UNICEF's support to Vanuatu Red Cross Society (VRCS), ADRA, and DoWR, to prevent WASH-related disease outbreaks during emergency. The kits also included Menstrual Hygiene Management (MHM) supplies, benefitting 3,745 menstruating people. Furthermore, to complement the supplies, community awareness campaigns were conducted, and key hygiene messages were disseminated that reached 18,003 people (8,821 women and 9,128 men). Thirty-three (33) communal sanitation facilities (25 VIP – Ventilated Improved Pit- latrines were

installed in 19 evacuation centres and 78 field-ready toilets were installed in eight schools and two Health Care Facilities (HCFs) benefiting 1,134 people (592 women and 542 men). WASH Initial Rapid Assessment (IRA) was carried out in 16 schools and 14 HCFs and quick fixes were implemented for communal water point rehabilitation. This WASH comprehensive approach ensured that the activities not only meet immediate needs but also contribute to the long-term well-being and resilience of the communities served.

### **Overall Nutrition Emergency Response and Project Results**

Improved nutritional support and care through nutrition screening and multiple micronutrient powder supplements were provided to 4,544 children under five years of age in emergency-affected areas, while 7,560 caregivers of young children were reached with messages during community outreach, and informed about optimal maternal, infant, and young child nutrition and care. During the project period, 22 severely malnourished children from emergency-affected areas were admitted to referral hospitals with a 100 per cent recovery rate. The transport support for children with severe acute malnutrition referred to hospitals, enabled presenting them at hospitals on time before their condition worsened. With CERF funding, UNICEF could provide vital technical guidance and support to the nutrition sub-cluster as co-lead with Vanuatu MoH. This included harmonizing plans and efforts of nutrition stakeholders and ensuring improved coordination with the Food Security and Agriculture Cluster (FSAC) to lead nutrient analysis of food aid. The strong collaboration of UNICEF with the Vanuatu MoH and nutrition sub-cluster members complemented service delivery and prevented duplication of efforts. Despite a steep learning curve in the integration of emergency nutrition services for implementing partners such as VRCS, their volunteers were able to acquire the minimum knowledge and skills to deliver nutrition services in affected communities and complement MoH health workers' services at health facilities.

## **3. Changes and Amendments**

Overall, no changes were needed and hence UNICEF can confirm that the indicators under WASH have reached the planned targets.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	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	4,750	250	2,449	2,551	10,000	6,426	1,134	2,499	2,045	12,104
<b>Total</b>	<b>4,750</b>	<b>250</b>	<b>2,449</b>	<b>2,551</b>	<b>10,000</b>	<b>6,426</b>	<b>1,134</b>	<b>2,499</b>	<b>2,045</b>	<b>12,104</b>
<b>People with disabilities (PwD) out of the total</b>										
	238	13	122	128	501	14	27	0	0	41
Sector/cluster	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	3,061	3,189	3,061	3,189	12,500	3,140	3,141	3,134	3,140	12,555
<b>Total</b>	<b>3,061</b>	<b>3,189</b>	<b>3,061</b>	<b>3,189</b>	<b>12,500</b>	<b>3,140</b>	<b>3,141</b>	<b>3,134</b>	<b>3,140</b>	<b>12,555</b>
<b>People with disabilities (PwD) out of the total</b>										
	153	159	153	159	624	220	254	231	227	932

\* 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 10,000 people indirectly benefitted from WASH cluster assistance through community awareness, printed materials, and social media campaigns on key WASH messages and social behaviour change communication.

## 6. CERF Results Framework

<b>Project objective</b>	Improve access to safe water, sanitation, and hygiene as well as nutrition for 12,500 people affected by TC Lola.				
<b>Output 1</b>	Enhance access to water, sanitation, and hygiene for impacted communities in Vanuatu, with a specific emphasis on establishing WASH facilities resilient to climate change.				
<b>Was the planned output changed through a reprogramming after the application stage?</b>				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Sector/cluster</b>	Water, Sanitation and Hygiene				
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>	
Indicator 1.1	WS6 # of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	12,500	12,555 people (6,274 women and 6,281 men)	Partners quarterly Progress report, WASH cluster 4Ws	
Indicator 1.2	WS.16b Number of WASH/hygiene kits distributed	10,000	10,324 people (5,162 women and 5,162 men).	Partners quarterly Progress report, WASH cluster 4Ws	
Indicator 1.3	WS.17 Number of people receiving WASH/hygiene messaging	10,000	18,003 people (8,848 women, 9,155 men)	Partners quarterly Progress report, WASH cluster 4Ws	
Indicator 1.4	SP.1b Number of people receiving menstrual hygiene management kits and/or dignity kits	4,000	3,745 women and girls	Partners quarterly Progress report, WASH cluster 4Ws	
Indicator 1.5	WS.13 Number of communal sanitation facilities (e.g. latrines) and/or communal bathing facilities constructed or rehabilitated	30	30 evacuation centres including schools and HCFs	Partners quarterly Progress report, WASH cluster 4Ws	
Indicator 1.6	WS.15 Number of communal water points (e.g. wells, boreholes, water taps stands, systems) constructed and/or rehabilitated	30	30 (16 schools and 14 HCFs)	Partners quarterly Progress report, WASH cluster 4Ws	
<b>Explanation of output and indicators variance:</b>		<p>The result for indicator 1.3 exceeded the target by 180 per cent. This was based on attendance at community awareness sessions and the indirect beneficiaries within households receiving hygiene kits. Although only one or two members of each household attended the hygiene promotion sessions, the knowledge gained was likely shared with and benefited the entire household.</p> <p>The result for indicator 1.4 is slightly below the target (94 per cent). The target was 4,000 women and girls with an estimation of 40 per cent of the total target of 10,000 people for hygiene Kits. However, data from the 2020 census indicates that women comprise 49 per cent of the total population</p>			

		including girls under the age of 15 years (38 per cent of the total female population).
Activities	Description	Implemented by
Activity 1.1	Distribution of water containers, water distributions, quick fixes to water systems	DoWR and ADRA distributed jerry cans for water storage and emergency water distribution in the first month of the emergency and to locations where all water sources were damaged by the cyclone.
Activity 1.2	Distribution of emergency WASH kits	ADRA and VRCS distributed 2,000 hygiene kits (1,500 kits by ADRA, 500 kits by VRCS) to households including women-headed households and vulnerable households with elderly and people/children with disabilities.
Activity 1.3	Dissemination of critical hygiene messages	ADRA and VRCS conducted hygiene awareness sessions to disseminate key hygiene messages on the proper use of WASH kits and toilets, safe handling of water, hand washing during critical times and household water treatment to prevent WASH-related diseases.
Activity 1.4	Distribution of MHM pads	ADRA and VRCS distributed MHM materials to women and girls and delivered key hygiene messages to have dignity for women and girls.
Activity 1.5	Quick fixes of WASH services at institutions	DoWR and ADRA conducted IRA at schools, health centres and churches to do quick fixes of WASH facilities including restoration of water supply systems and rehabilitation of toilet facilities

**Output 2** Facilitate nutrition access, with a focus on children under five, while enhancing capacities at community and governmental levels to prevent malnutrition in immediate and long-term situations.

<b>Was the planned output changed through a reprogramming after the application stage?</b>		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	N.4 Number of people screened for acute malnutrition (children)	5,000	4,544 (2,499 girls and 2,045 boys)	Vanuatu MoH Health Information System and VRCS Project Reports
Indicator 2.2	N.3a Number of people admitted to SAM treatment programme (therapeutic feeding) (children)	34	22	Vanuatu MoH Health Information System
Indicator 2.3	N.5 Number of people receiving vitamins and/or micronutrient supplements (children)	5,000	4,544 (2,499 girls and 2,045 boys)	Vanuatu MoH Health Information System and VRCS Project Reports Society Project Reports
Indicator 2.4	N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies (caregivers)	5,000	7,560 (2,401 males, 5,159 females)	Vanuatu MoH Health Information System and VRCS Project Reports

<b>Explanation of output and indicators variance:</b>	All indicators except indicator 2.2 were within the $\pm 10\%$ variance. For indicator 2.2, there were fewer children admitted for severe acute malnutrition (SAM) because out of the 4,544 children under five screened for malnutrition, only 20 had severe acute malnutrition (SAM), and 59 had moderate acute malnutrition. Children with SAM were referred to the hospital for admission, and those with MAM were monitored regularly and their caregivers were counselled. Some MAM children, especially those with unresolved medical complications, were referred for hospital admission.	
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 2.1	Training and management of acute malnutrition by 65 health workers and volunteers	The training was led by Vanuatu MoH with support from UNICEF. 77 health workers and volunteers were trained by the end of the project.
Activity 2.2	Procurement and distribution of nutrition supplies such as (RUTF, F-75, F-100, RESOMAL, micronutrient powders, vitamin A supplements, deworming tablets, and MUAC tapes)	UNICEF supported the procurement of emergency nutrition supplies.
Activity 2.3	Integrated community-based nutrition screening with micronutrient powder (MNP) supplementation and nutrition education	UNICEF collaborated with Vanuatu MoH and VRCS to support emergency nutrition response. 4,544 under-five children from emergency-affected areas benefitted from improved nutritional support and care (nutrition screening and multiple micronutrient supplementation)
Activity 2.4	Technical leadership and support to the nutrition sub-cluster response including facilitation of information sharing, data management and analysis, reporting, and dissemination within the sub-cluster and across other clusters	<p>UNICEF provided vital technical support to the emergency response as a Nutrition Sub-Cluster co-lead together with the Vanuatu MoH and organised and facilitated four nutrition sub-cluster meetings.</p> <p>MoH and UNICEF represented the nutrition sub-cluster in the FSAC meeting to ensure that FSAC and nutrition sub-cluster plans complement each other. They coordinated the completion of the nutrition sub-cluster response plan.</p> <p>UNICEF also provided technical leadership in the nutrient analysis of 12 emergency food ration options. This resulted in the endorsement of the final emergency ration from FSAC and NDMO. The ration includes dry and fresh food items that meet the daily nutrient requirements of household members including children, pregnant and lactating women, and people with non-communicable diseases.</p>

## 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 areas<sup>4</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate**

<sup>4</sup> 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](#).

**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)<sup>5</sup>:**

UNICEF took a proactive approach by conducting a two-day AAP refresher training for its partners, before the actual response to ensure that all partners were thoroughly prepared and equipped with essential knowledge and skills to effectively integrate AAP principles during the response. Such preparedness is crucial for delivering services that are both responsive and adaptable, thereby meeting the genuine needs and expectations of those impacted by the cyclone. In the affected communities, a rapid needs assessment was carried out, which included focus group discussions (FGDs) with women, girls, and PwD. UNICEF carried out regular field monitoring missions seeking community feedback from water committees, community leaders, women, men, children, and PwD on the assistance provided. Findings from these monitoring missions were then discussed with implementing partners and used in improving the overall implementation.

UNICEF collaborated with the Ministry of Youth and Sports Development (MoYSD) and VRCS to conduct a community assessment as part of UNICEF's core commitments to ensure AAP during an emergency. In November 2023, 638 interviews were completed with 370 women and girls and 265 men and boys, aged 12 to 90 years, residing in emergency-affected communities of Ambrym and Malekula islands of Malampa province, and Ambae and Pentecost islands of Penama province. Interview responses were utilized to inform emergency response and support.

**b. AAP Feedback and Complaint Mechanisms:**

The project activated existing community structures for feedback and complaints mechanisms as well as social media comments. VRCS offers a toll-free number that enables affected individuals to voice their concerns, with a dedicated volunteer available to respond during office hours. ADRA maintains a communication network with community leaders and members, primarily utilizing text messaging. The DoWR features a comment section on its website for lodging complaints. However, it is recognized that this feature requires greater promotion in subsequent emergencies to enhance the collection of anonymous feedback.

Community leaders were consulted in identifying centrally located sites for the delivery of outreach services.

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

As a risk mitigation measure, UNICEF required all partners to complete a mandatory PSEA assessment and training before signing any agreements or receiving payments. Prior to the cyclone, UNICEF had already trained ADRA and VRCS on PSEA. Additionally, before deployment, WASH Emergency Response Teams (ERTs) were briefed on PSEA and signed the National Code of Conduct to ensure adherence to high standards of behaviour in the field

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

The project was designed to promote gender equality and protect women, girls, and sexual and gender minorities by integrating protection, gender, and inclusion principles into the response strategy. WASH kits were distributed during daylight hours in safe locations, with equally represented Emergency Response Teams (ERTs) ensuring that women and girls could comfortably express their needs. Separate latrines were constructed in evacuation centres to provide privacy, and water collection points were placed in secure areas. Menstrual hygiene management was emphasized through discussions during the distribution of dignity kits. UNICEF's Project Cooperation Agreement (PCA) with ADRA and VRCS included provisions for PSEA and measures to manage identified risks. UNICEF staff conducted joint monitoring visits with ADRA and VRCS to ensure that essential WASH and nutrition services were promptly delivered to remote outer islands, safeguarding the well-being of women, girls, and sexual and gender minorities.

**e. People with disabilities (PwD):**

<sup>5</sup> 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](#).



The response ensured that WASH services were prioritised for PwD to restore and promote their dignity and better mental and physical health. The WASH cluster identified and provided adequate WASH services to households with PwD. These households received immediate access to clean water and were provided with ceramic filters. Criteria for WASH kit distribution to households included women-headed households and vulnerable households with elderly and people/children with disabilities. The delivery of nutrition services through community outreach is highly considered access, protection, and inclusion of emergency-affected populations. Outreach services were conducted in the daytime to ensure easy and safe access by community members, especially women and girls.

#### f. Protection:

The WASH cluster operated within the framework of “Do no harm” mandate outlined in the National Disaster Risk Management (DRM) Act. Protection principles were integrated into the response from the onset. For example, affected communities were consulted through the WASH IRA on their specific WASH needs to inform the response. To ensure inclusion, the WASH cluster deployed ERTs that were gender-balanced, fostering a comfortable environment for women and girls in engaging with WASH ERTs. Careful consideration was given to ensuring that WASH products and services provided aligned with the preferences and needs of the affected population.

UNICEF clarified during the response training the eligibility requirements of participants who could receive supplies and services and monitored its strict enforcement. UNICEF also improved access to services in areas accessible to the participants through community outreach and ensured that implementing partners extended services to PwD homes through household visits, when they were unable to reach the outreach sites.

#### g. Education:

Education was a key component of the project design, ensuring that communities not only received essential supplies but also the knowledge to use them effectively. During distribution, educational sessions were held to teach communities how to use, maintain, and operate WASH products, including household water filters. Additionally, nutrition education sessions emphasized the importance of involving men in caregiving activities, traditionally seen as women's roles. Male caregivers of children under five were actively encouraged to participate, promoting a more inclusive approach to caregiving and nutrition within the community

### 8. Cash and Voucher Assistance (CVA)

#### Use of Cash and Voucher Assistance (CVA)?

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

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.

[Fill in]

#### 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
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

## 9. Visibility of CERF-funded Activities

**Guidance (to be deleted):** Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	Weblink
DAY 1 of the Nutrition, WASH & Social Behaviour Change Training of Trainers	<a href="https://www.facebook.com/share/p/sstwrF36ZmLKECot/">https://www.facebook.com/share/p/sstwrF36ZmLKECot/</a>
Nutrition, Water, Sanitation, and Hygiene (WASH), and Social Behavioural Change Activities in Penama province	<a href="https://www.facebook.com/share/p/q78cKQN4yKD6JKGM/">https://www.facebook.com/share/p/q78cKQN4yKD6JKGM/</a>
TC Lola Recovery Project in Epi, Shefa Province	<a href="https://www.facebook.com/share/p/7T3sTapK88zrFcaX/">https://www.facebook.com/share/p/7T3sTapK88zrFcaX/</a>
Nutrition, WASH, and Social Behavioural Change training	<a href="https://www.facebook.com/share/p/eeUKFxjsgGSgUpoV/">https://www.facebook.com/share/p/eeUKFxjsgGSgUpoV/</a>
Empowering Communities in Malampa with Vital Support!	<a href="https://www.facebook.com/share/p/k6ipWd6UjBdNbEy4/">https://www.facebook.com/share/p/k6ipWd6UjBdNbEy4/</a>

**ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS**

<b>CERF Project Code</b>	<b>Cluster/Sector</b>	<b>Agency</b>	<b>Partner Type</b>	<b>Total CERF Funds Transferred to Partner US\$</b>
23-RR-IOM-039	Shelter and Non-Food Items	IOM	INGO	\$260,199
23-RR-CEF-060	Nutrition	UNICEF	GOV	\$30,000
23-RR-CEF-060	Water, Sanitation and Hygiene	UNICEF	RedC	\$93,364
23-RR-CEF-060	Water, Sanitation and Hygiene	UNICEF	GOV	\$137,103
23-RR-CEF-060	Water, Sanitation and Hygiene	UNICEF	INGO	\$133,346
23-RR-CEF-060	Water, Sanitation and Hygiene	UNICEF	RedC	\$27,878