



VANUATU RAPID RESPONSE 2024

CERF-VUT-24-RR-1441

Dirk Wagener
Resident/Humanitarian Coordinator

PART I - ALLOCATION OVERVIEW

1. Reporting Process and Consultation Summary:		
1.1 Please indicate when the After-Action Review (AAR) was conducted and who participated.	21 Jan 2026	
1.2 Please indicate who participated in the After-Action Review (AAR)		
The AAR was co-facilitated by the Fiji MCO RC, Dirk Wagener and OCHA Office of the Pacific Islands, head of coordination. It was attended by representatives of implementing partners from UNFPA, IOM and UNICEF as well as OCHA Office of the Pacific Islands staff.		
1.3 Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
1.4 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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>

2. STRATEGIC PRIORITIZATION

2.1 Statement by the Resident/Humanitarian Coordinator:

CERF funding enabled an exceptionally rapid and life-saving response to the Vanuatu earthquake, serving as the primary enabler of immediate action during a period marked by holiday slow-downs, donor funding gaps, and political transition. Its flexibility—including the ability to cover critical early “soft costs” such as logistics and transport—allowed agencies to activate pre-positioned supplies and deploy staff within hours, ensuring water, protection, and health services reached affected communities without delay.

Agencies swiftly adapted programming to real-time conditions. IOM shifted to Cash-for-Shelter after structural assessments revealed that standard kits were unsuitable. UNFPA rapidly deployed midwives and mobile clinics, responding to unexpectedly high demand for family planning and reaching women in hard-to-access areas. UNICEF adjusted WASH and child protection activities based on evolving displacement data, transitioning from water-trucking to sustainable spring-box and reconstruction solutions, while establishing Child Friendly Spaces within six days.

CERF-supported data systems, particularly the Displacement Tracking Matrix, served as a shared public good that strengthened targeting, coordination, and accountability across agencies. Partnerships with government and local CSOs further accelerated implementation across WASH, SRH, GBV, shelter, and child protection.

Results were substantial. WASH assistance reached more than 10,400 people across schools and health facilities; shelter cash support assisted 142 households; SRH and GBV services reached nearly 7,000 people; and child protection teams established six safe spaces and supported over 2,000 individuals.

Beyond immediate impact, CERF funding had a catalytic effect—supporting early recovery, reinforcing national systems, improving coordination structures, and enabling lasting community assets such as the women’s association that emerged from the Women and Girls Friendly Space.

2.2 CERF’s Added Value:

CERF funding enabled a rapid, life-saving response to the Vanuatu earthquake, despite major constraints such as holiday timing, communications outages, and political transitions. Its speed and flexibility allowed agencies to mobilize immediately, with back-dated eligibility ensuring that activities that began within hours of the disaster were covered.

CERF's design helped agencies use pre-positioned supplies, deploy surge staff, and initiate multi-sector interventions before other funding became available. This early injection of predictable resources stabilized coordination mechanisms, supported critical assessments (including displacement tracking and engineering evaluations), and accelerated household-level recovery.

Crucially, CERF enabled protection, gender, and GBV interventions to be prioritized as life-saving—an uncommon achievement in emergency funding—and strengthened referral pathways, MHPSS systems, and GBV risk mitigation. It also catalyzed longer-term capacity building, including training for government and local CSOs, improved information management systems, and service quality improvements that will outlast the project.

The funding supported evidence-based, locally led, cluster-aligned action, enhancing coordination across WASH, protection, health, and shelter. Data generated through CERF-supported activities substantially improved targeting and reduced duplication.

Overall, CERF acted as a crucial enabler that bridged immediate response needs and ongoing recovery, demonstrated the value of localized partnerships, and showcased the UN's ability to respond quickly and coherently in the Pacific.

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

Yes

CERF funding directly enabled rapid delivery of life-saving assistance following the Vanuatu earthquake. Agencies emphasised that CERF's speed, flexibility, and ability to back-date activities allowed them to begin responding immediately, even during holidays, elections, and telecommunications disruptions. UNICEF activated its WASH response within 24 hours, trucking water to the hospital and expanding services quickly through pre-positioned supplies. Child protection services began six days after the earthquake, with child-friendly spaces established early because CERF allowed work to proceed before formal approvals. IOM used CERF resources to start displacement tracking and assessments from the first days, enabling fast referrals and rapid coordination of shelter support. Their switch to cash-for-shelter—made possible by CERF's flexibility—accelerated safe returns home. UNFPA deployed emergency midwives immediately, leading to 104 safe deliveries, and quickly launched mobile SRH and GBV services. CERF funding ensured that pre-positioned SRH and dignity kits could be distributed without delay and sustained essential clinical and protection services during a period when no other funding was available. Across agencies, CERF enabled early mobilisation of staff, activation of national and local partners, rapid assessments, and immediate release of supplies. It prevented critical gaps caused by the holiday period and political transition and ensured that life-saving services reached affected communities quickly. CERF was a decisive factor in ensuring fast, effective, and life-saving delivery of assistance to people in need.

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

Yes

CERF funds directly enabled the time-critical response to the Vanuatu earthquake. The AAR highlights that the \$1M allocation was the primary enabler of immediate action, filling a critical funding gap during the holiday period and amid other donor delays. CERF allowed agencies to activate operations within 24–72 hours, covering the essential logistics needed to release and transport pre-positioned supplies. UNICEF rapidly launched water trucking within 24 hours, established six Child Friendly Spaces within days, and supported health, education, and WASH services for thousands. IOM used CERF to deliver cash-for-shelter assistance, adapting quickly to structural damage needs and supporting 595 people. UNFPA deployed midwives immediately, enabling 104 safe deliveries, mobile outreach to 1,447 pregnant women, and high-demand SRH and GBV services. The CERF-funded Displacement Tracking Matrix provided essential early data, enabling precise targeting across agencies. CERF also ensured early prioritization of protection and GBV, sectors usually underfunded in the initial phase of emergencies. Overall, CERF was not just a funding source but a critical operational catalyst, enabling speed, coordination, targeted action, and the transition from immediate relief to early recovery.

2.2.3 Did CERF improve coordination amongst the humanitarian community?

Yes

CERF significantly enabled coordination during the Vanuatu earthquake response by strengthening shared data systems, synchronizing agency operations, and ensuring comprehensive sector participation. The most critical contribution was funding IOM's Displacement Tracking Matrix (DTM), described in the AAR as a "public good" for the entire response. This common data platform allowed agencies like UNICEF and UNFPA to jointly identify affected populations, target assistance accurately, and avoid overlaps—creating a coordinated, evidence-driven operational picture. CERF also enabled multiple agencies to mobilize simultaneously by covering logistics and activation costs, allowing UNICEF, IOM, and UNFPA to begin responding within the same early window. This synchronicity supported smoother inter-agency coordination, as partners were all operational, present, and planning together from the outset. Additionally, CERF ensured that underfunded sectors such as Protection and GBV were fully included in the coordinated response architecture. By financing these areas early, CERF guaranteed their representation in joint planning and sectoral coordination forums, maintaining a holistic and balanced emergency response. Overall, CERF strengthened coordination by providing shared data, harmonizing the timing of agency activation, and enabling all critical sectors to participate meaningfully in inter-agency structures from the beginning.

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

Yes

CERF funding did help improve resource mobilization from other sources for UNFPA and IOM, primarily through its catalytic effect on the broader response. The AAR notes that CERF acted not only as an immediate financing mechanism but also as a trigger for longer-term recovery programming. By enabling agencies to launch rapid, visible, and well-coordinated interventions, CERF strengthened partners' credibility with government counterparts and donors, helping position agencies for subsequent funding opportunities. Additionally, CERF-funded activities—particularly the Displacement Tracking Matrix (DTM)—generated high-quality data used across the response. This strengthened the humanitarian narrative, improved targeting, and provided the evidence base donors require, indirectly supporting future resource mobilization. The AAR also highlights planned joint donor visits and the potential for a high-level ERC mission, both aimed at showcasing CERF-enabled impact to attract further donor engagement. While the AAR does not cite specific follow-on funding amounts, agencies conformed that CERF had a "catalytic impact", helping drive momentum for additional recovery and capacity-building investments. Overall, CERF improved resource mobilization by enabling early, impactful action; generating shared data and evidence; strengthening partnerships; and creating opportunities to engage donors with demonstrated results as in the case of both UNFPA and IOM.

2.2.5 Provide any other examples of added value of this CERF allocation.

Yes

Beyond speed and coordination, the CERF allocation delivered several additional benefits that strengthened the overall earthquake response. Agencies emphasized that CERF funding unlocked pre-positioned supplies by covering essential logistics and transport costs, allowing critical items to reach affected communities quickly. It also supported multi-sectoral integration, with UNICEF linking WASH, health, and education interventions to maximize impact and avoid fragmented programming. CERF's flexibility allowed IOM to pivot from in-kind shelter kits to cash assistance, better matching the structural damage context. This adaptability improved the relevance and effectiveness of assistance while supporting local markets. For UNFPA, CERF enabled gender-transformative programming, including establishing a Women and Girls Friendly Space that has since evolved into a permanent community institution—an outcome that extends well beyond immediate relief. The funding also strengthened government engagement and capacity-building, helping agencies maintain operational momentum despite political sensitivities and shifting coordination responsibilities. CERF's support for rapid data generation—especially through the DTM—enhanced the response's analytical foundation and benefited all partners. Finally, the allocation had a catalytic effect, enabling agencies to initiate early recovery activities and deepening partnerships that will support more sustainable, longer-term programming. These elements together illustrate that CERF provided value far beyond short-term emergency relief, contributing to resilience, systems strengthening, and sustained community benefits.

2.3. Quality Programming:

The Vanuatu earthquake response demonstrated strong integration of key cross-cutting issues—Protection, Accountability to Affected Populations (AAP), inclusion of People with Disabilities, Gender, and Cash and Voucher Assistance (CVA)—reflecting CERF’s emphasis on principled, needs-based, and people-centred humanitarian action.

Protection was a central component of all three agency interventions, enabled by CERF’s explicit prioritization of often-underfunded sectors. UNICEF quickly established six Child Friendly Spaces within six days of the earthquake, providing Mental Health and Psychosocial Support (MHPSS) and case management to affected children and caregivers. These spaces acted as safe, structured environments where children could access support while families worked to re-establish stability. UNFPA integrated protection by delivering comprehensive GBV services and ensuring access to Sexual and Reproductive Health (SRH) during a period of heightened vulnerability. Protection mainstreaming was further supported by the CERF-funded Displacement Tracking Matrix (DTM), which allowed responders to identify vulnerable groups, track displacement patterns, and avoid gaps or duplication.

Accountability to Affected Populations (AAP) was strengthened primarily through improved data, community outreach, and flexible programming. The DTM functioned as a collective accountability tool—providing evidence for targeting decisions and ensuring assistance reached those with the greatest needs. UNFPA’s community-based outreach, including midwife-led mobile clinics, brought services directly to remote populations and responded dynamically to feedback, such as the unexpectedly high demand for family planning services. UNICEF’s shift from water-trucking to spring-box and reconstruction solutions also reflects responsive programming shaped by community needs and sustainability considerations.

The inclusion of **People with Disabilities** was acknowledged as an area requiring improvement. While disability disaggregated data was limited—identified in the AAR as a significant gap—the DTM and agency assessments did aim to map vulnerabilities broadly. Actors recognized the need for more participatory data collection in future responses to ensure persons with disabilities are consistently identified and supported. Although not fully realized, the response laid the groundwork for future strengthening of disability-inclusive practices.

Gender integration featured prominently, particularly through UNFPA’s programming, which the AAR describes as “gender transformative.” CERF funding enabled the rapid deployment of midwives, supported 104 safe deliveries, and reached nearly 7,000 people—88% women and girls. UNFPA also established a Women and Girls Friendly Space that later evolved into a permanent Women’s Association, embedding long-term empowerment and safety mechanisms into the community. Importantly, the program engaged men and boys to contribute to positive social change, reflecting an inclusive approach to gender transformation rather than limiting interventions to women alone.

Cash and Voucher Assistance (CVA) was another key cross-cutting element. IOM demonstrated strong adaptive capacity by shifting from distributing standard shelter kits to implementing Cash for Shelter assistance after assessing structural damage and community needs. This modality enabled households to purchase context-appropriate materials, supported local markets, and avoided inappropriate or unusable in-kind distributions. While political sensitivities around cash during elections created operational challenges, the shift demonstrated flexibility, relevance, and respect for beneficiary choice. Overall, CERF funding enabled a response that not only met urgent needs but also embedded essential cross-cutting considerations—protection, accountability, gender, disability inclusion, and cash assistance—strengthening both impact and equity across affected communities.

2.5 Allocation Overview (US\$)

Total amount required for the humanitarian response	4,407,949.00
CERF	999,998.13
Country-Based Pooled Fund (if applicable)	0.00

Other (bilateral/multilateral)	0.00
Total funding received for the humanitarian response (by source above)	999,998.13

2.6 CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount (US \$)
UNICEF	CERF-VUT-24-RR-CEF-34599	Water, Sanitation and Hygiene	401,500.00
UNICEF	CERF-VUT-24-RR-CEF-34599	Protection - Child Protection	148,500.00
UNFPA	CERF-VUT-24-RR-FPA-34600	Protection - Gender-Based Violence	56,999.22
UNFPA	CERF-VUT-24-RR-FPA-34600	Health - Sexual and Reproductive Health	92,998.73
IOM	CERF-VUT-24-RR-IOM-34602	Camp Coordination and Camp Management	78,000.05
IOM	CERF-VUT-24-RR-IOM-34602	Shelter and Non-Food Items	222,000.13
Total			999,998.13

2.7 Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Partner Type	Budget in US \$	Expenditure in US \$
International NGO	225,000.00	275,388.57
National NGO	10,000.00	10,000.00
Others / Government	17,000.00	20,606.39
Red Cross/Red Crescent Society	185,935.00	183,307.35
Total	437,935.00	489,302.31

2.8 Cash

CVA Type	Sector/Cluster	Planned People Targeted	People Reached	Total Planned transfer amount (in \$US)	Total Amount transferred (in \$US)
Sector-specific unconditional cash transfers	Shelter and Non-Food Items	500	595	125,706.00	120,103.00
Total		500	595	125,706.00	120,103.00

3. OPERATIONAL PRIORITIZATION:

3.1 Overview of the Humanitarian Situation:

The magnitude 7.3 earthquake that struck Vanuatu on December 17, 2024, caused widespread devastation, leaving 14 fatalities and 265 injuries, with 11 surgical cases admitted at Vanuatu Central Hospital (VCH). Ten days after the earthquake, aftershocks persisted, compounded by the impact of a tropical low bringing heavy rainfall of over 100 millimeters in a 24-hour period. These conditions exacerbated the risks of landslides and further building collapses, particularly affecting key infrastructure like the Tagabe bridge.

At the height of the response, temporary displacement remained significant, with 2,435 individuals sheltering in six evacuation centers and 67 host households. Key immediate needs included healthcare support, emergency shelter, access to food and clean water, protection services, psychosocial support, and the restoration of communication networks. The earthquake also disrupted livelihoods and exacerbated vulnerabilities among women, children, and people with disabilities.

The end of the State of Emergency (SoE) on December 24, 2024, marked a transition from the National Emergency Operation Centre (NEOC) to the Recovery Operations Centre (ROC) under the National Recovery Committee (NRC). Despite this shift, significant needs and challenges remained, including blocked roads in Efate hindering access to the main seaport, intermittent telecommunication services, and limited internet connectivity on Efate Island, complicating coordination efforts.

This CERF allocation addressed the critical humanitarian situation by targeting urgent needs in WASH, Health, Shelter, and Protection sectors. For example, UNICEF provided emergency water trucking and hygiene kits to prevent waterborne diseases, while UNFPA delivered life-saving SRH and GBV services, including deploying midwives and establishing Women-Friendly Spaces. IOM enhanced shelter conditions and supported displacement tracking that ensured a coordinated response.

The allocation responded to critical gaps identified through joint needs assessments, ensuring a targeted and impactful humanitarian response. It prioritized vulnerable populations, including women, children, and people with disabilities, preventing secondary crises such as disease outbreaks, protection risks, and further displacement. By supporting integrated and multi-sectoral interventions, the CERF allocation not only addressed immediate needs but also strengthened the resilience and recovery capacity of affected communities.

3.2 Operational Use of the CERF Allocation and Results:

The CERF allocation was utilized to deliver immediate, life-saving assistance and strengthened the humanitarian response across Health, WASH, Protection, and Shelter/CCCM clusters. The allocation reached 18,391 individuals directly, focusing on vulnerable groups such as women, children, and people with disabilities.

- (i) Overarching Operational Objectives: The primary objective was to address urgent humanitarian needs while stabilizing living conditions and preventing secondary crises such as disease outbreaks, protection risks, and further displacement. The allocation also enhanced national and local response capacities, ensuring sustainability and resilience in recovery efforts.

- (ii) Sectoral Priorities:
 - o WASH (UNICEF): Emergency water trucking, repairs to damaged water infrastructure, distribution of hygiene kits, installation of emergency latrines, and dissemination of hygiene promotion messages to over 35,000 individuals including 11,000 children in schools.
 - o Child Protection (UNICEF): Establishment of child-friendly spaces, provision of psychosocial support (PSS), and strengthening of referral systems that assisted 5,000 children and their caregivers.
 - o SRH and GBV (UNFPA): Deployment of midwives, distribution of SRH kits, and establishment of Women-Friendly Spaces that supported more than 2,475 women and girls, including 860 pregnant women, with integrated GBV and SRH services.
 - o Shelter/CCCM (IOM): Provision of shelter repair kits, displacement tracking, and engineering assessments to ensure safe and dignified living conditions for 1,000 individuals in 200 vulnerable households.

- (iii) Targeted Population: The CERF allocation directly benefited 18,391 individuals while indirectly supporting an additional 40,000 people, particularly those in evacuation centers and host households.

- (iv) Multi-Sectoral Response Opportunities: Interventions were designed to integrate WASH, Health, and Protection services within displacement sites, fostering comprehensive support. Collaboration between UNICEF, UNFPA, and IOM ensured cohesive implementation, minimized gaps and duplication while maximizing impact.

The CERF funds catalyzed immediate relief efforts, providing critical resources to stabilize affected communities and support early recovery. UN agencies involved in this allocation had the capacity, including pre-positioned supplies, and established partnerships that delivered activities within the rapid response timeframe, ensuring timely and effective assistance.

3.3 People Indirectly Reached:

A total of 65,980 people were indirectly reached through the collective efforts of UNICEF (35,000), UNFPA (21,200) and IOM (9980). For UNICEF, those indirectly benefiting did so through awareness raising through social media, community engagement and through dissemination of messages on MHPSS, child protection and positive parenting. With UNFPA, the 21,200 people were indirectly reached through GBV prevention information, engaging in Women and Girl Friendly Spaces (WGFS), and the Sexual Reproductive Health mobile clinic services. For IOM, their indirect reach was through their displacement tracking monitoring and evacuation planning and awareness for those in high risk flash flooding zones.

3.4 People Directly Reached:

A total of 18,391 people were directly reached; including 8,439 women, 3,744 men, 6,208 children, and included 651 people with disabilities. These included communities in the priority areas reached, IDPs, host families having received NFIs, WASH Services, Shelter Assessments, or Cash and Voucher assistance for shelter damage.

Sector/Cluster	Planned					Reached				
	Women (≥ 18)	Girls (< 18)	Men (≥ 18)	Boys (< 18)	Total	Women (≥ 18)	Girls (< 18)	Men (≥ 18)	Boys (< 18)	Total
Protection - Gender-Based Violence	1,155	200	0	0	1,355	1,632	176	0	0	1,808
Water, Sanitation and Hygiene	1,960	1,540	1,960	1,540	7,000	2,855	2,240	2,970	2,335	10,400
Health - Sexual and Reproductive Health	1,210	200	160	40	1,610	3,647	571	464	386	5,068
Camp Coordination and Camp Management	150	95	155	100	500	156	99	161	104	520
Protection - Child Protection	550	1,950	550	1,950	5,000	567	567	392	673	2,199
Shelter and Non-Food Items	150	95	155	100	500	149	149	149	148	595
Total	5,175	4,080	2,980	3,730	15,965	9,006	3,802	4,136	3,646	20,590

Category	Planned					Reached				
	Women (≥ 18)	Girls (< 18)	Men (≥ 18)	Boys (< 18)	Total	Women (≥ 18)	Girls (< 18)	Men (≥ 18)	Boys (< 18)	Total
Host Communities	1,400	1,650	1,400	1,650	6,100	6,865	2,264	2,659	2,153	13,941
Internally Displaced People	560	440	560	440	2,000	1,425	822	936	672	3,855
Other	50	0	50	0	100	0	0	0	0	0
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	30	19	31	20	100	149	149	149	148	595
Total Number of People Directly Assisted with CERF Funding	2,040	2,109	2,041	2,110	8,300	8,439	3,235	3,744	2,973	18,391

Table 6: Total Number of people with disabilities (PwD) out of the total										
Category	Planned					Reached				
	Women (≥ 18)	Girls (< 18)	Men (≥ 18)	Boys (< 18)	Total	Women (≥ 18)	Girls (< 18)	Men (≥ 18)	Boys (< 18)	Total
Number of people with disabilities (PwD)	100	97	98	97	392	265	113	155	118	651

Sub-IP

Partner Type	\$	%	Partner Tags	\$	%
International NGO	\$225,000.00	23%	WLO	\$0.00	0%
National NGO	\$10,000.00	1%	RLO	\$0.00	0%
Others / Government	\$17,000.00	2%	YLO	\$0.00	0%
Private Contractor	0	0	OPD	\$0.00	0%
Red Cross/Red Crescent Society	\$185,935.00	19%	Total	0.00	0%
UN and IOM	0	0			
Total	437,935.00	44%			

4. Annex: CERF Funds Disbursed to Implementing Partners							
Cluster/ Sector	Agency	Implementing Partner Type	Partner Type	Funds Transferred in USD	Date of First Payment to Implementing Partner*	Start Date of CERF-Funded Activities by implementing Partner*	Comments/ Remarks
		Extended Name	Partner Acronym				

CERF Project Code: CERF-VUT-24-RR-CEF-34599

Water, Sanitation and Hygiene	UNICEF	THE ADVENTIST DEVELOPMENT AND RELIEF AGENCY VANUATU COMMITTEE	ADRA	International NGO	75,000.00	27-Jan-2025	18-Dec-2024	ADRA was initially allocated \$75,000, but a total of \$112,604.45 was transferred due to expanded needs and activities on the ground.
Protection - Child Protection, Water, Sanitation and Hygiene	UNICEF	World Vision	WV	International NGO	110,000.00	02-Feb-2025	30-Jan-2025	

Protection - Child Protection	UNICEF	MINISTRY OF JUSTICE AND COMMUNITY SERVICES VANUATU	MoJCS	National Partners	17,000.00	14-May-2025	07-Jan-2025	The Ministry of Justice, Youth and Community Services (MoJYCS) began implementation in January 2025. The allocated funding was later increased to enable the training of additional personnel in mental health and psychosocial support (MHPSS). This expansion aimed to strengthen the capacity of frontline workers to better respond to the growing needs of children and communities affected by emergencies.
Water, Sanitation and Hygiene	UNICEF	Vanuatu Red Cross Society	VRCS	Red Cross/Red Crescent Society	30,000.00	29-Jan-2025	22-Jan-2025	

CERF Project Code: CERF-VUT-24-RR-FPA-34600

Protection - Gender-Based Violence	UNFPA	CARE Vanuatu	CARE	International NGO	40,000.00	06-Feb-2025	03-Feb-2025	The partner was required to go through a re-verification in the UNPP system due to changes to information in their profile, which delayed processing of payments. In addition, Humanitarian staff and funding changes due to USAID cuts further delayed processing.
Health - Sexual and Reproductive Health	UNFPA	Vanuatu Family Health Association	VFHA	National Partners	10,000.00	11-Mar-2025	21-Feb-2025	To enhance localisation, UNFPA brought VFHA as our first local organisation partner for Vanuatu. Although the IP process began during the onset of the response in December the IP registration, UNPP and Quantum supplier registration took significant time due to the holiday period and start of the year. Humanitarian staff and funding

changes due to USAID cuts further delayed processing. A further delay occurred due to a change in the exchange rate which required a new revision and re-process. These delays did not affect project implementation or success as the partner was still able to reach and exceed the targets. Midwives deployed directly by UNFPA were able to cover similar services working with VFHA but without the mobile clinic funding, during this time until VFHA could begin the CERF fund implementation. VFHA could also use the WGFS entry point funded by CERF to provide services funded by other sources until the mobile clinic

CERF Project Code: CERF-VUT-24-RR-IOM-34602

Shelter and Non-Food Items	IOM	Vanuatu Red Cross Society	VRCS	Red Cross/Red Crescent Society	155,935.00	15-May-2025	13-May-2025	The start of implementing partner activities was delayed as the Housing Building Damage Assessment (HBDA), which served as a critical basis for targeting, was only published on 31 March 2025. While CERF cash disbursements to beneficiaries were successfully completed in mid-June 2025, the IP agreement was extended until 5 September 2025 to enable adequate follow-up, provision of technical support, and monitoring of cash utilization.
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PART II - PROJECT OVERVIEW

Project Proposal: CERF-VUT-24-RR-CEF-34599	
Allocation Code:	CERF Rapid Response: Vanuatu Dec 2024 (Earthquake)
Project Code:	CERF-VUT-24-RR-CEF-34599
Emergency Type:	Climate / natural disaster - Earthquake
Project Sector/Cluster:	Protection - Child Protection Water Sanitation and Hygiene
Organization:	United Nations Children's Fund (UNICEF)

1. Project Overview	
1.1 Project Title	Providing WASH and Child Protection Services for Communities Affected by the 7.3 Earthquake in Vanuatu
1.2 Start Date	18-Dec-2024
1.3 End Date	17-Jun-2025
1.4 Extended End Date	
1.5 Project Duration	6 months

1.6 Project Revision				
Revision Name	Revision Project	Date Revision Submitted	Date Revision Approved	Revision Status

1.7 Funding Summary	
1.7.1 Total Funds Required for Organization's Response	3,327,949.00
1.7.2 Funds Received for Organization's Response	450,000.00
1.7.3 Total Funds Requested from CERF for this Proposal	550,000.00

<p>1.8 Project Results Summary</p>	<p>UNICEF collaborated with the Department of Water Resources (DoWR), ADRA, World Vision, and Vanuatu Red Cross to deliver essential WASH services to affected communities, schools, and health facilities. As WASH cluster co-lead, UNICEF supported DoWR in coordination, response planning, information management, and rapid assessments. Of 88 communities assessed, 13% of the population was severely impacted by damaged water systems. Among 3,027 toilets, 388 were destroyed, resulting in open defecation and overcrowded sanitation. Two-thirds of households lacked handwashing facilities.</p> <p>To address these gaps, UNICEF and partners reached 10,400 people (5,096 female, 5,304 male; approx. 2,080 households) with water trucking and emergency repairs, exceeding the target of 5,000. Hygiene kits were distributed to 5,667 people in evacuation centres and host households on Efate Island. WASH interventions in 21 schools supported 9,892 children (4,847 girls, 5,045 boys) with access to safe water and sanitation. Services were restored in 13 health facilities, including Vila Central Hospital. Hygiene promotion reached 7,766 people via SMS, radio, and community platforms. Latrines with handwashing stations were installed at 13 sites, and menstrual hygiene kits benefited 3,015 women and girls. UNICEF also co-led the Child Protection in Emergencies (CPiE) sub-cluster and contributed to the National MHPSS Technical Working Group. A rapid assessment identified risks and psychosocial distress, informing programme targeting and referral pathways. Six child-friendly spaces were established, and 13 communities engaged in psychosocial support. A total of 2,199 individuals (567 women, 567 girls, 392 men, 673 boys) received child protection, MHPSS, and case management services. Messaging reached over 35,000 people, including 11,000 children in schools. UNICEF trained 180 service providers, teachers, and community workers in MHPSS and child protection, strengthening long-term support systems.</p>
<p>1.9 Changes And Amendments</p>	
<p>2. Project Objective</p>	
<p>2.1 Project Objective</p>	
<p>Deliver lifesaving WASH services and ensure the safety and well-being of children, through the provision of psychosocial support and protection from abuse and exploitation in the aftermath of the earthquake.</p>	

Logical Framework

Logical Framework details for Water, Sanitation and Hygiene				
3. Outcomes and outputs				
Outcome 1				
Enhance access to water, sanitation, and hygiene for impacted communities in Vanuatu, with a specific emphasis on building back better and resilient services.				
Comment on progress in achieving project outcome :				
UNICEF, in partnership with DoWR, ADRA, World Vision Vanuatu, and Vanuatu Red Cross Society, delivered critical WASH services immediately to communities, schools, and health facilities. As WASH Cluster co-lead, UNICEF supported coordination efforts, including response planning and information management to ensure effective and timely WASH response. Emergency water trucking and quick fixes and rehabilitation of the water systems provided safe water access to 10,400 people across 2,080 households. Hygiene kits were distributed to 5,667 people in evacuation centres and host households. In 21 schools, 9,892 children gained access to safe water and sanitation. WASH services were restored in 13 health care facilities, including Vila Central Hospital—the main referral hospital—ensuring continued access to clean water for casualties, patients and staff. Hygiene promotion reached 7,766 people via SMS, radio, and community outreach. To improve sanitation, latrines with handwashing stations were installed in 11 schools and 2 evacuation centres. Hygiene kits included menstrual hygiene materials, benefited 3,015 women and girls and addressed gender-specific needs. These interventions contributed to improved public health outcomes and strengthened community resilience in the aftermath of the disaster.				
	Indicators Targets		Indicators Achievements	
	End-Cycle Beneficiaries			
Outcome Indicator 1.1(Custom)				
Number of people accessing safe water, sanitation and hygiene. Unit: Individuals	7,000	Women: 1960 Girls: 1540 Men: 1960 Boys: 1540	10,400	Women: 2854 Girls: 2242 Men: 2970 Boys: 2334
Reporting on Achievements:				
A total of 10,400 people across 2,080 households gained access to safe water through emergency trucking and quick fixes for water system repairs. About 5,667 individuals in evacuation centers and host households received hygiene kits. In schools, 9,892 children across 21 facilities benefited from improved water and sanitation services. WASH services were restored in 13 health care facilities. Hygiene promotion activities reached 7,766 people via SMS, radio, and community outreach. To improve sanitation, 11 schools and 2 evacuation centers were equipped with latrines and handwashing stations. Hygiene kits included menstrual hygiene materials, supporting 3,015 women and girls and addressing gender-specific needs. These outputs directly supported the achievement of the outcome by ensuring access to essential WASH services and promoting safe hygiene practices in schools, health facilities, and communities.				
Output 1.1				
Description				
Enhance access to water, sanitation, and hygiene for impacted communities in Vanuatu, with a specific emphasis on building back better.				
Comment on progress in achieving project output :				

UNICEF and its partners (DoWR, ADRA, World Vision Vanuatu, and Vanuatu Red Cross Society) delivered essential WASH services to communities, schools, and health facilities impacted by the 7.3 magnitude earthquake in Vanuatu. As WASH Cluster co-lead, UNICEF supported coordination efforts, including response planning and information management. Emergency water trucking and quick fixes and rehabilitation of the water systems provided safe water access to 10,400 people across 2,080 households. Hygiene kits were distributed to 5,667 people in evacuation centers and host households. In schools, 9,892 children across 21 facilities gained access to safe water and sanitation. WASH services were restored in 13 health care facilities, including Vila Central Hospital, the main referral hospital ensuring continued access to clean water for patients and staff. Hygiene promotion activities reached 7,766 people through SMS, radio, and community outreach. To improve sanitation, latrines with handwashing stations were installed in 13 schools, health centers, and evacuation sites. Hygiene kits included menstrual hygiene materials, benefiting 3,015 women and girls and addressing gender-specific needs

4. Indicators

			Indicator Targets		Indicators Achievements	
Code	Type	Indicator	End-Cycle Beneficiaries			
Indicator 1.1.1	Standard	(Global) WS.6 - Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard Unit: People	5,000	Women: 1400 Men:1400 Girls:1100 Boys:1100	10,400	Women: 2854 Men:2970 Girls: 2242 Boys: 2334
<p>Comments on Reached: The WASH response successfully reached 10,400 people significantly exceeding and reaching more than double of initial target of 5,000. This overachievement was due to several key factors. Initially, the target was based on Priority One areas identified by the National Disaster Management Office (NDMO). However, during field assessments and coordination meetings, the WASH Cluster identified that several communities in Priority Two (North Efate) also experienced damage to their water supply systems and required urgent support. As a result, the response was expanded to include these additional communities. Additionally, some targeted communities had larger-than-expected populations. For example, Mele community - largest community in Vanuatu - alone accounted for approximately 7,000 people, which significantly contributed to the overall reach.</p>						
Indicator 1.1.2	Standard	(Global) WS.16a - Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits) Unit: People	750	Women:207 Men:207 Girls:168 Boys:168	5,667	Women: 1555 Men:1618 Girls: 1222 Boys: 1272
<p>Comments on Reached: UNICEF prepositioned 1,500 hygiene kits, which were distributed by ADRA, WVV, and Vanuatu Red Cross Society to evacuation centers and host families, and vulnerable households in the affected communities. With each kit supporting around five people, the response reached 5,667 people – far more than the original target of 750.</p>						
Indicator 1.1.3	Standard	(Global) WS.17 - Number of people receiving WASH/hygiene messaging Unit: People	3,750	Women: 1032 Men:1032 Girls:843 Boys:843	7,766	Women: 2131 Men:2218 Girls: 1675 Boys: 1742
<p>Comments on Reached: Hygiene promotion reached 7,766 people—more than double the target of 3,750—due to strong partner coordination and additional resources mobilized by ADRA, WVV, and VRCS.</p>						
Indicator 1.1.4	Standard	(Global) WS.13 - Number of communal sanitation facilities (e.g. latrines) and/or communal bathing facilities constructed or rehabilitated Unit: Facilities	10	Women:0 Men:0 Girls:0 Boys:0	13	Women:0 Men:0 Girls:0 Boys:0

Comments on Reached: UNICEF collaborated with the Education and Displacement and Evacuation Clusters to identify schools and evacuation shelters with damaged and/or inadequate sanitation following the earthquake. In response, UNICEF and its partners rehabilitated existing sanitation blocks and installed emergency field latrines to ensure adequate access to sanitation services. Communal sanitation facilities were set up in 11 schools and 2 evacuation centers.

Indicator 1.1.5	Standard	(Global) WS.15 - Number of communal water points (e.g. wells, boreholes, water taps stands, systems) constructed and/or rehabilitated Unit: Facilities	10	Women:0 Men:0 Girls:0 Boys:0	13	Women:0 Men:0 Girls:0 Boys:0
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Comments on Reached: UNICEF collaborated with the Health and Displacement & Evacuation Clusters to identify healthcare facilities and evacuation shelters with damaged or inadequate water systems following the earthquake. In response, rainwater storage tanks and water points were installed in 11 health facilities and 2 evacuation shelters to ensure adequate access to safe water.

Logical Framework details for Protection - Child Protection				
3. Outcomes and outputs				
Outcome 1				
Enhanced access to timely and comprehensive Child protection in emergencies services including MHPSS and Case management to children and their caregivers in the affected communities.				
Comment on progress in achieving project outcome :				
UNICEF co-led the Child Protection in Emergencies (CPiE) Sub-Cluster under the Justice, Gender and Protection Cluster and supported the National MHPSS Technical Working Group. This included coordination of activities, adaptation and rollout of a child protection rapid assessment to identify risks, protective factors, and psychosocial distress, and service mapping to inform targeting, identify gaps, and strengthen referral pathways. UNICEF supported the establishment of six child-friendly spaces and psychosocial activities in 13 communities, including outdoor areas for displaced populations. With CERF funding, tents used for these spaces were replenished for future preparedness. Key messages on MHPSS, child protection, and protection from sexual exploitation and abuse (PSEA) were disseminated to children, parents, and frontline workers via radio, social media, SMS, posters, and through partners in schools and evacuation centres. To enhance service quality and sustainability, UNICEF trained 180 frontline workers—including teachers, counselors, chaplains, and Child Protection Officers—in MHPSS, child counseling, peer support, and case management. These efforts strengthened the humanitarian-development nexus and ensured continued access to safe, quality services for children and caregivers through robust coordination, minimum standards, and monitoring frameworks.				
		Indicators Targets		Indicators Achievements
		End-Cycle Beneficiaries		
Outcome Indicator 1.1(Custom)				
Enhanced access to timely and comprehensive Child protection in emergencies services including MHPSS and Case management to children and their caregivers in the affected communities. Unit: Individuals	5,000	Women: 550 Girls: 1950 Men: 550 Boys: 1950	2,199	Women: 567 Girls: 567 Men: 392 Boys: 673
Reporting on Achievements:				
UNICEF reached 2,199 individuals (567 women, 567 girls, 392 men, 673 boys) with child protection, MHPSS, and case management services through schools, communities, and temporary child-friendly spaces. While targets for women were exceeded, men reached only 71% of the target, reflecting social norms where mothers are more likely to engage in child-focused activities. Breastfeeding spaces and related messaging encouraged mothers to participate with infants. The programme fell short of targets for children reached, as efforts prioritized building frontline capacity, including child counselling services and peer support programmes in schools. UNICEF trained 29 school focal points and engaged 100 children (aged 9-17) in MHPSS activities, with further rollout ongoing. Moving forward, UNICEF will strengthen capacity building for community, faith, and school-based actors to monitor implementation and impact, using developed tools and frameworks.				
Output 1.1				
Description				
Enhanced access to timely and comprehensive Child protection in emergencies services including MHPSS and Case management to children and their caregivers in the affected communities.				
Comment on progress in achieving project output :				

With CERF funding and complementary resources, UNICEF strengthened child protection in emergencies (CPiE) and MHPSS services by leading service mappings, supporting national coordination and referral mechanisms, and deploying a child psychologist and MHPSS specialist. These efforts enhanced frontline capacity and informed programme targeting. UNICEF also supported community awareness on child protection, MHPSS, positive parenting, and protection from sexual exploitation and abuse (PSEA), reaching over 35,000 people via partner social media, 331 community members through outreach sessions, and over 11,000 children in affected schools. Messaging was further disseminated via radio and SMS, helping connect children and caregivers to services. To improve service quality and sustainability, UNICEF trained 180 adults—including teachers, chaplains, principals, counselors, and frontline workers—through foundational MHPSS, child counseling, peer support, and case management trainings. Participants have since led activities in schools and communities, including the “I Support My Friends” initiative. Monitoring is ongoing to assess reach, service quality, and sustainability, and locally assembled school counseling kits are being distributed to support continued implementation.

4. Indicators

			Indicator Targets		Indicators Achievements	
Code	Type	Indicator	End-Cycle Beneficiaries			
Indicator 1.1.1	Standard	(Global) CP.3 - Number of children receiving protection support (e.g. family tracing, reunification, reintegration, case management services, etc)\n Unit: Children	400	Women:0 Men:0 Girls:200 Boys:200	31	Women:0 Men:0 Girls:17 Boys:14

Comments on Reached: MoJYCS Child Protection Officers, acting as para-social workers, are the main providers of case management for children, alongside NGOs like the Vanuatu Women’s Centre. Despite collaboration, challenges remain in sharing case data and referrals. While the target was to assist 400 children, no official data from MoJYCS was received despite follow-ups. Based on historical data, an estimated 31 children (17 girls, 14 boys) received services. Anecdotal evidence from a UNICEF-supported training indicated 100 new cases in Shefa Province this year, but conservative estimates were used. During the CERF-funded training, focus was placed on the new Child Protection Information Management System (CPIMS), set to launch soon. UNICEF ensured integration of climate and labor mobility markers. Once operational, CPIMS will improve tracking and reporting of children reached through case management services.

Indicator 1.1.2	Standard	(Global) CP.4 - Number of people accessing protection activities and/or services through child-friendly spaces\n Unit: People	5,000	Women:550 Men:550 Girls:1950 Boys:1950	2,199	Women:567 Men:392 Girls:567 Boys:673
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Comments on Reached: The child protection emergency response through the government and NGO partners directly reached 2,199 people (567 women, 567 girls, 392 men and 673 boys) with child protection, MHPSS and case management services, including through services in schools, in communities, and in temporary child-friendly spaces. Of those reached, an estimated 504 people were displaced at that point of the response (130 women, 130 girls, 90 men, and 154 boys).

Indicator 1.1.3	Standard	(Global) CP.5 - Number of child-friendly spaces established and/or rehabilitated\n Unit: Locations	10	Women:0 Men:0 Girls:0 Boys:0	6	Women:0 Men:0 Girls:0 Boys:0
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Comments on Reached: Six (6) temporary child-friendly spaces were set up in the initial weeks of the emergency response. This set-up included the use of tents pre-positioned and supplied by UNICEF, which were replenished using CERF funding. In addition to the established spaces, an additional 13 community spaces were assessed for safety and accessibility for children - deemed that tents were not required - and used for psychological first aid and play-based psychosocial support activities by partners, including in settings for displaced populations.

Indicator 1.1.4	Standard	(Global) AP.2b - AAP - Percentage of affected people who state that they are aware of feedback and complaints mechanisms established for their use Unit: Percentage	50	Women:0 Men:0 Girls:0 Boys:0	40	Women:0 Men:0 Girls:0 Boys:0
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Comments on Reached: While child protection interventions did not include a dedicated AAP component, UNICEF integrated child protection input into broader AAP efforts led by SBC and government partners. This included U-Report polls and surveys conducted by trained Vanuatu Red Cross volunteers in affected communities. Key child protection themes included MHPSS, child safety, and protection concerns. Based on findings, UNICEF developed and disseminated clear messages for parents and caregivers on MHPSS and positive parenting. Messaging was shared via radio, SMS, social media, and posters. A peer-to-peer approach was emphasized for psychological first aid, improving access to support and referrals. These actions helped ensure that community feedback informed child protection programming and service delivery.

5. People Targeted						
5. People Directly Reached						
PROJECT DETAIL						
Categories		Women (>=18)	Girls (<18)	Men (>=18)	Boys (<18)	Total
Internally Displaced People	Targeted	560	440	560	440	2,000
Internally Displaced People	Reached	669	523	695	548	2,435
Refugees	Targeted	0	0	0	0	0
Refugees	Reached	0	0	0	0	0
Returnees	Targeted	0	0	0	0	0
Returnees	Reached	0	0	0	0	0
Host Communities	Targeted	1,400	1,650	1,400	1,650	6,100
Host Communities	Reached	2,186	1,717	2,275	1,787	7,965
Other	Targeted	50	0	50	0	100
Other	Reached	0	0	0	0	0
Total People directly Targeted						
	Targeted	2,010	2,090	2,010	2,090	8,200
		Percentage of Female 50 %	Percentage of Male 50 %		Percentage of Child 51 %	
	Reached	2,855	2,240	2,970	2,335	10,400
		Percentage of Female 49 %	Percentage of Male 51 %		Percentage of Child 44 %	
Persons with disabilities						
	Targeted	98	97	98	97	390
	Reached	141	110	147	114	512
		Percentage of PWD against Total Targeted 5%				

Directly Targeted by Sector/Cluster

Cluster	Category	Women (>=18)	Girls (<18)	Men (>=18)	Boys (<18)	Total	
Protection - Child Protection	Internally Displaced People - Targeted	200	300	200	300	1,000	
	Internally Displaced People - Reached	130	130	90	154	504	
	Refugees - Targeted	0	0	0	0	0	
	Refugees - Reached	0	0	0	0	0	
	Returnees - Targeted	0	0	0	0	0	
	Returnees - Reached	0	0	0	0	0	
	Host Communities - Targeted	300	1,650	300	1,650	3,900	
	Host Communities - Reached	437	437	302	519	1,695	
	Other - Targeted	50	0	50	0	100	
	Other - Reached	0	0	0	0	0	
	Total People directly Targeted						
	Targeted	550	1,950	550	1,950	5,000	
	Percentage of Female 50 %		Percentage of Male 50 %		Percentage of Child 78 %		
	Reached	567	567	392	673	2,199	
	Percentage of Female 52 %		Percentage of Male 48 %		Percentage of Child 56 %		
	Persons with Disabilities						
	Targeted	27	97	27	97	248	
	Reached	13	45	13	45	116	
	Percentage of PWD against Project Total 5%						
	Water, Sanitation and Hygiene	Internally Displaced People - Targeted	560	440	560	440	2,000
Internally Displaced People - Reached		669	523	695	548	2,435	
Refugees - Targeted		0	0	0	0	0	
Refugees - Reached		0	0	0	0	0	
Returnees - Targeted		0	0	0	0	0	
Returnees - Reached		0	0	0	0	0	
Host Communities - Targeted		1,400	1,100	1,400	1,100	5,000	
Host Communities - Reached		2,186	1,717	2,275	1,787	7,965	
Other - Targeted		0	0	0	0	0	

Water, Sanitation and Hygiene	Other - Reached	0	0	0	0	0
	Total People directly Targeted					
	Targeted	1,960	1,540	1,960	1,540	7,000
	Percentage of Female 50 %		Percentage of Male 50 %		Percentage of Child 44 %	
	Reached	2,855	2,240	2,970	2,335	10,400
	Percentage of Female 49 %		Percentage of Male 51 %		Percentage of Child 44 %	
	Persons with Disabilities					
	Targeted	98	77	98	77	350
	Reached	141	110	147	114	512
	Percentage of PWD against Project Total 5%					

5.1 Comments for People Targeted *

The WASH response aimed to support over 7,000 people, including IDPs, host families, and persons with disabilities. UNICEF exceeded targets, reaching 10,400 people—2,435 IDPs, 7,965 in host communities, and 512 with disabilities—through life-saving interventions, coordination, and assessments. Expansion to Priority Two areas and larger-than-expected populations, such as Mele (approx. 7,000 people), contributed to the overachievement. The response ensured equitable access, reaching 49% women, 51% men, and 44% children. In child protection, 2,199 people (567 women, 567 girls, 392 men, 673 boys) received services through schools, communities, and child-friendly spaces. Of these, 504 were displaced. Services included MHPSS and case management, ensuring support for vulnerable children and caregivers during the emergency.

6. People Indirectly Reached

6.1 Estimate on people indirectly reached

Targeted	40,000	Reached	35,000
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6.2 People indirectly reached by the project

For Child Protection, in addition to people directly benefiting from programme interventions, through awareness raising 35,000 people were reached through social media, 331 people reached by community engagement activities, and over 11,000 children and their caregivers were reached through disseminated messages on MHPSS, child protection and positive parenting practices. UNICEF also supported SMS and radio campaigns to support the programme goals and increase mental wellbeing through self-care practices as well as demand for services. Capacity building activities reached 180 people, focusing on MHPSS, child counselling and child protection case management, further ensures that capacity for service delivery has been expanded and enhanced quality of services, and ensures sustainability of efforts as capacity building focused on frontline workers with a direct engagement with children, e.g. by establishing counselling services in schools. For WASH, over 20,000 people indirectly benefited from cluster-led efforts through community awareness sessions, technical assessments, capacity building sessions for WASH partners, and social media campaigns promoting key WASH messages and behavior change communication together with the Department of Water Resources and NGO partners.

7. Locations

	Targeted		Reached	
People per Sector	Protection - Child Protection			
Shefa	100 %	5,000	100 %	2,199
	100 %	5,000	100 %	2,199

People per Sector	Water, Sanitation and Hygiene					
Shefa	100	%	7,000	100	%	10,400
	100	%	7,000	100	%	10,400

Comments on People Reached

The WASH response focused on working closely with the government line Ministries such as DoWR, Ministry of Health (MOH) and Ministry of Education and Training (MOET), and local partners such as ADRA, World Vision Vanuatu, and the Vanuatu Red Cross Society (VRCS) to make sure the support was locally led. Each partner was assigned to specific communities, allowing for wider coverage and faster delivery of services. These local organizations used their expertise, networks, and resources to lead hygiene promotion, distribute hygiene kits, and repair water systems and sanitation facilities in a way that was community driven. As a result, the WASH response successfully reached 10,400 people significantly exceeding the initial target of 7,000 people.

The Child Protection response was implemented alongside government line agencies including Ministry of Justice, Youth and Community Service, Department of Youth Development and Sports, MoH and MoET, and NGO partners, such as, World Vision Vanuatu and Oceania Football Federation's Just Play Programme directly reaching 2,199 people. A key focus of the response included strengthening of child protection in emergencies and MHPSS services, including service mappings, supporting national-level coordination mechanisms and referrals for CPiE and MHPSS and by providing capacity building of frontline personnel through the deployment of a child psychologist and a MHPSS specialist. In addition to support to direct service provision, UNICEF support allowed for strengthening community awareness around child protection, MHPSS, positive parenting and protection from sexual exploitation and abuse - reaching over 35,000 people through partner social media, 331 community members in dedicated community outreach and awareness sessions and over 11,000 children through dissemination of messaging through the most affected schools.

Comments on Budget

The WASH component of the CERF-funded response in Vanuatu was allocated a total budget of USD 401,500, representing the largest portion of the overall project funding. Approximately 30% (USD 120,450) of this budget supported protection-related activities, including the provision of safe water in evacuation centers, schools, health facilities, and communities, as well as the distribution of hygiene kits tailored to the needs of women and girls. An additional 10.2% (USD 40,953) was directed toward disability-inclusive interventions, such as accessible latrines and specialized hygiene kits for people with disabilities. The WASH response reached 10,400 individuals, significantly surpassing the initial target of 7,000 due to expanded coverage in Priority Two areas and unexpectedly large populations in some communities. Implementation was carried out through local partnerships with ADRA, World Vision Vanuatu, and the Vanuatu Red Cross Society, ensuring a community-led and inclusive approach. In total, USD 171,976.80 was transferred to these three sub-implementing partners to deliver WASH services in their assigned communities.

	Targeted			Reached		
Budget per Sector	Protection - Child Protection					
Shefa	100	%	148,500.00	100	%	148,500.00
	100	%	148,500.00	100	%	148,500.00
Budget per Sector	Water, Sanitation and Hygiene					
Shefa	100	%	401,500.00	100	%	401,500.00
	100	%	401,500.00	100	%	401,500.00

Programming and Implementation

8. Effective Programming

8.1 Effective programming *

The WASH response prioritized localization, protection, and inclusion by working closely with government ministries (DoWR, MOH, MOET) and local partners (ADRA, WVV, VRCS). Each partner led activities in assigned communities, enabling faster and locally led service delivery. The response reached 10,400 people. About 30% of the WASH budget supported protection outcomes, including safe water access in 2 evacuation centers, 11 schools, 11 health facilities, and 15 communities. Hygiene kits, including menstrual pads, were distributed to 1,500 families. Separate hygiene sessions for women/girls and men/boys helped reduce stigma and promote dignity. Gender-balanced teams ensured women and girls felt safe, and separate toilets were installed to protect privacy. Protection principles were applied from the start, with community consultations, safe distribution practices, and water points placed to reduce GBV risks. Around 10.2 per cent of the budget supported disability inclusion, benefiting 512 people through accessible latrines, nearby water points, and tailored hygiene kits. Post-distribution monitoring was undertaken to ensure services met diverse needs

The Child Protection response prioritised localization, protection, and inclusion by working alongside government line agencies including MoJYCS, lead agency for Child Protection in Vanuatu, MoET and MoH, and local partners, including the soon-to-be localized NGO Family REACH Centre supported through a partnership with World Vision Vanuatu, and the Oceania Football Confederation's Just Play Programme implemented at the national level by the Vanuatu Football Federation. Leveraging existing partnerships and relationships from the development work and having key documents in place (incl. sub cluster TOR, SOP, and CPRA) were pivotal to kickstart the child protection response in a matter of days after the earthquake event. Important to the response was ensuring teams were gender-balanced, and in some cases, the numbers of women involved in the response outweighed that of men, to ensure that safe spaces are set up for girls and women to engage, and team briefings included a strong focus on protection from sexual exploitation and abuse before teams signed codes of conducts, prior to deployment. Directly, the response reached 2,199 people (52% women and girls) with child protection, MHPSS and case management services as part of the emergency response, including through services in schools, in communities, and in temporary child-friendly spaces. Indirectly through awareness raising 35,000 people were reached on social media, 331 people reached by community engagement activities, and over 11,000 children and their caregivers were reached through disseminated messages on MHPSS, child protection, and positive parenting practices. In addition, prepositioned messaging and IEC products had a strong focus on protection from sexual exploitation and abuse, being cognizant of the existing high rates of gender-based violence and violence against children, as well as the intersections and interlinkages.

8.2 Protection Budget Value and People Reached

Sector Name	Sector Budget		Protection Budget Percent	Protection Budget Value	Protection People Targeted
Water, Sanitation and Hygiene	401,500.00	Targeted	30.00	120,450.00	4,000
		Reached	30.00	120,450.00	5,943
Protection - Child Protection	148,500.00	Targeted	100.00	148,500.00	5,000
		Reached	100.00	148,500.00	2,199

8.3. Comment on the Protection Budget Value

Approximately 30% of the WASH sector budget has been used to support activities that contribute directly to protection outcomes. This portion of the budget supports interventions such as ensuring safe and equitable access to clean water in 2 evacuation centers, 11 schools, 11 health facilities, and 15 communities. Hygiene kits were designed to meet the needs of vulnerable groups promoting hygiene practices that reduce health risks and exposure to GBV. A total of 1,500 hygiene kits were provided to 1,500 families, and each kit included menstrual hygiene pads to help women and girls manage their periods with dignity. To help people understand how to use the items properly, VRCS and WVV held hygiene awareness sessions, including information on menstrual hygiene management. These sessions were held separately for women and girls, and for men and boys, so everyone could learn comfortably. Women and girls had a safe space to ask questions, while men and boys learned how to be more supportive and reduce stigma. Separate toilets for males and females were also installed in 2 evacuation centers and in 11 schools to ensure privacy and safety.

All the Child Protection budget (100%) was utilised to directly support the child protection emergency response, reaching 2,199 individuals (567 women, 567 girls, 392 men and 673 boys) with child protection, MHPSS and case management services as part of the emergency response, including through services in schools, in communities, and in temporary child-friendly spaces.

In addition to people directly benefiting from programme interventions, through awareness raising 35,000 people were reached on social media, 331 people reached by community engagement activities, and over 11,000 children and their caregivers were reached through disseminated messages on MHPSS, child protection and positive parenting practices. UNICEF also supported SMS and radio campaigns to support the programme goals and increase mental wellbeing through self-care practices as well as demand for services. Capacity building activities reached 180 people, focusing on MHPSS, child counselling and child protection case management, further ensures that capacity for service delivery has been expanded and enhanced quality of services, and ensures sustainability of efforts as capacity building focused on frontline workers with a direct engagement with children, e.g. by establishing counselling services in schools.

8.4 Protection from GBV Budget Value and People Reached

Sector Name	Sector Budget		GBV Budget Percent	GBV Budget Value	GBV People Targeted
Water, Sanitation and Hygiene	401,500.00	Targeted			
		Reached	30.00	120,450.00	0
Protection - Child Protection	148,500.00	Targeted			
		Reached	100.00	148,500.00	2,199

8.5. Comment on the Protection from GBV Budget Value

Same as comment on Protection Budget Value. WASH cluster operated under the mandate of “Do no harm” as stipulated in the DRM act and the SPHERE standards. The protection principles were mainstreamed in the implementation of the response right from the beginning. For example, affected communities were consulted through WASH Initial Rapid Assessment (IRA) on their specific WASH needs to inform the response. WASH cluster deployed gender balanced Emergency Response Teams (ERTs) to ensure women and girls in communities will be comfortable talking to the WASH ERTs. Hygiene kits distributions took place during daylight hours and in locations considered safe by women and girls. Menstrual hygiene management was promoted through female-only and male only focus group discussions during the distribution of hygiene kits, allowing women and girls to speak openly. Women and girls had a safe space to ask questions, while men and boys learned how to be more supportive and reduce stigma. DoWR ensures all water points were installed in a safer location and distance to mitigate the risk of gender-based violence. Separate sanitation facilities for females and males were installed at evacuation centers and schools to ensure privacy and dignity.

For Child Protection, no specific target was set for protection from GBV. However, key points to mention here include that there is often overlap between GBV and child protection. GBV and child protection are intrinsically linked, with many forms of violence affecting both adults and children. Evidence shows that children are often both victims and witnesses of GBV, experiencing it directly or witnessing violence against caregivers. This means that ignoring GBV in child protection efforts leaves children vulnerable and can undermine the effectiveness of child protection interventions. Through the child protection response, GBV is considered by ensuring that, for instance, when addressing PSS for the child, there is a focus on a family- and community-based approach to ensure that both children and adults are being reached. The Justice, Gender and Protection Cluster has three sub-clusters, including the GBViE, CPiE, and the Disability sub cluster, and these sub clusters work closely together. In recognising these overlaps, when inviting partners to MHPSS foundational training, there is a deliberate focus on inviting the Vanuatu Women’s Centre counselors, and even though these are not child-specific agencies, as they have a focus on GBV cases, it was important to ensure that we are building this capacity as well as network across all the line agencies. Key messages for community engagement activities have a focus on child safeguarding and protection from sexual exploitation and abuse, noting the high rates of sexual violence against both women and children. Lastly, the Child Protection sub cluster provided input in the safety audit tool used by GBV partners during the assessment, and Child Protection Rapid Assessment tools that have been developed include a specific focus on safety audit.

8.6. Gender Equality Budget Value and People Reached

Sector Name	Sector Budget		Gender Equality Budget Percent	Gender Equality Budget Value	Gender Equality People Targeted
Water, Sanitation and Hygiene	401,500.00	Targeted	30.00	120,450.00	3,000
		Reached	30.00	120,450.00	5,943
Protection - Child Protection	148,500.00	Targeted	70.00	103,950.00	4,000
		Reached	70.00	103,950.00	1,145

8.7. Comment on the Gender Equality Budget Value

About 30% of the WASH budget was used to support gender equality activities. This included distributing hygiene kits that were tailored to the needs of women and girls, such as including menstrual hygiene pads to help them manage their periods with dignity. To help people understand how to use the kits and reduce stigma, VRCS and WVV organized separate awareness sessions for women and girls, and for men and boys. The WASH Cluster also made sure that separate toilets for males and females were built in evacuation centers and schools to ensure privacy and dignity. Gender-balanced emergency response teams were sent to the field so that women and girls could feel comfortable speaking with responders

Child Protection, at least 70% of the child protection budget was used on targeted activities supporting gender equality. Through the play-based psychosocial support activities ran with children, there was specific focus on ensuring that girls were reached and ensuring that child-friendly spaces had a breastfeeding space that meant that mothers and women could also take advantage of the space. Through the sessions with parents and caregivers in the community, overwhelmingly it was participated by female caregivers including mothers, aunties, and grandmothers. Altogether 1,145 women and girls were directly reached through the interventions (52% of the total reached).

8.8. Disability Budget Value and People Reached

Sector Name	Sector Budget		Persons with Disabilities Budget Percentage	Persons with Disabilities Budget Value
Water, Sanitation and Hygiene	401,500.00	Targeted	60.00	240,900.00
		Reached	10.00	40,150.00
Protection - Child Protection	148,500.00	Targeted	90.00	133,650.00
		Reached	90.00	133,650.00

8.9. Comment on Disability Budget Value and People Reached

About 10.2% of the WASH budget was used to support activities that included people with disabilities. The response reached 512 people with disabilities. The WASH response focused on addressing barriers and making sure services were safe and inclusive. Accessible WASH facilities were built, including latrines with ramps, and enough space for movement. Communal water filters were installed at community taps near households with people with disabilities. WVV also provided hygiene kits specially designed for people with incontinence problems, including those with disabilities. ADRA, VRCS, and WVV carried out post-distribution monitoring to make sure the services were accessible and met the needs of all users.

Child Protection, The Justice, Gender and Protection Cluster has as its sub-cluster Child Protection in Emergency, GBV in Emergency, and Disability. Across the three sub clusters, there is an attempt to streamline efforts and integrate as much as possible. Key interventions by child protection include ensuring that mapping of services also consider disability-specific services, ensuring MHPSS messaging for parents and caregivers included a focus on the needs of children with disabilities and that partners tracked any direct PSS engagement with children with disabilities and/or their parents and caregivers of children as well as adults with disabilities. In the MHPSS and counseling training, there is a specific focus on the needs of children with disabilities and their families, and this is a thread that runs through the case management training with the MoJYCS Child Protection Officers. During the case management training, the MoJYCS Disability Desk and Provincial Officers were fully engaged to provide input and share experiences of working with children with disabilities and their families.

9. Funding

Total CERF funds sub-granted to implementing partners:		232,000.00		
International NGO		185,000.00	34 %	
National NGO		0.00	0 %	
	WLO	RLO	YLO	OPD
	0.00 0 %	0.00 0 %	0.00 0 %	0.00 0 %

Others / Government	17,000.00	3 %
Private Contractor	0.00	0 %
Red Cross/Red Crescent Society	30,000.00	5 %
UN and IOM	0.00	0 %

10. Sub-Implementing Partners

Partner Name	Partner Type	Budget in US \$	Expenditure in US \$ 4th Financial Report	Date of First Payment to Implementing Partner	Start Date of CERF Funded Activities	Activities	Comment (mandatory if 15% variance)
World Vision	International NGO	110,000	122,784	02-Feb-2025	30-Jan-2025	<p>Protection - Child Protection</p> <p>Activity 1.1.1 Provide messaging and information to parents and children on how to manage child distress and where ...</p> <p>, Activity 1.1.2 Distribution of emergency WASH kits...</p> <p>, Activity 1.1.2 Identification, registration, referral and follow-up for other extremely vulnerable children, includ...</p> <p>, Activity 1.1.4 Emergency latrines in temporary shelters/camps institutions/communities...</p> <p>, Activity 1.1.5 Quick fixes of WASH services at institutions/communities...</p>	

World Vision	International NGO	110,000	122,784	02-Feb-2025	30-Jan-2025	Water, Sanitation and Hygiene Activity 1.1.1 Provide messaging and information to parents and children on how to manage child distress and where ... , Activity 1.1.2 Distribution of emergency WASH kits... , Activity 1.1.2 Identification, registration, referral and follow-up for other extremely vulnerable children, includ... , Activity 1.1.4 Emergency latrines in temporary shelters/camps institutions/communities... , Activity 1.1.5 Quick fixes of WASH services at institutions/communities...	
THE ADVENTIST DEVELOPMENT AND RELIEF AGENCY VANUATU COMMITTEE	International NGO	75,000	112,604	27-Jan-2025	18-Dec-2024	Water, Sanitation and Hygiene Activity 1.1.3 Dissemination of critical hygiene messages... , Activity 1.1.4 Emergency latrines in temporary shelters/camps institutions/communities... , Activity 1.1.5 Quick fixes of WASH services at institutions/communities...	ADRA was initially allocated \$75,000, but a total of \$112,604.45 was transferred due to expanded needs and activities on the ground.
Vanuatu Red Cross Society	Red Cross/Red Crescent Society	30,000	27,372	29-Jan-2025	22-Jan-2025	Water, Sanitation and Hygiene Activity 1.1.2 Distribution of emergency WASH kits...	

MINISTRY OF JUSTICE AND COMMUNITY SERVICES VANUATU	Others / Government	17,000	20,606	14-May-2025	07-Jan-2025	Protection - Child Protection Activity 1.1.4 Identification and strengthening, or establishment of community-based child protection mechanisms to... Activity 1.1.5 Ensure proper referrals to other services such as health, food, education and shelter... .	The Ministry of Justice, Youth and Community Services (MoJYCS) began implementation in January 2025. The allocated funding was later increased to enable the training of additional personnel in mental health and psychosocial support (MHPSS). This expansion aimed to strengthen the capacity of frontline workers to better respond to the growing needs of children and communities affected by emergencies.
Total		342,000.00	406,151.43				
Latest Financial Report Expenditure			267,175.24				
Comment: Briefly describe the reason for invalid date inputs							

11. Cash and Voucher Assistance (CVA)					
11.1 Cash					
CVA Type	Cluster/Sector	Planned People Targeted	People Reached	Total planned transfer amount	Total amount transferred info
No CVA types were added in this project.					
11.2 CVA Total People Reached		Targeted		Reached	0
11.3 Comments on the Reached people" (mandatory if variance is more than 15%)					

Project Proposal: CERF-VUT-24-RR-FPA-34600	
Allocation Code:	CERF Rapid Response: Vanuatu Dec 2024 (Earthquake)
Project Code:	CERF-VUT-24-RR-FPA-34600
Emergency Type:	Climate / natural disaster - Earthquake
Project Sector/Cluster:	Health - Sexual and Reproductive Health Protection - Gender-Based Violence
Organization:	United Nations Population Fund (UNFPA)

1. Project Overview	
1.1 Project Title	Life-saving Sexual and Reproductive Health and Gender-based Violence Interventions for Vanuatu Earthquake Response
1.2 Start Date	20-Dec-2024
1.3 End Date	19-Jun-2025
1.4 Extended End Date	
1.5 Project Duration	6 months

1.6 Project Revision				
Revision Name	Revision Project	Date Revision Submitted	Date Revision Approved	Revision Status
Revision 2	Revision without CERF HQ approval	24-Mar-2025	24-Mar-2025	Approved - Project form updated

1.7 Funding Summary	
1.7.1 Total Funds Required for Organization's Response	580,000.00
1.7.2 Funds Received for Organization's Response	100,000.00
1.7.3 Total Funds Requested from CERF for this Proposal	149,997.95

<p>1.8 Project Results Summary</p>	<p>In total, 6,876 people were reached with CERF funding provided to UNFPA for life-saving SRH and GBV services across 13 communities in the earthquake affected Shefa Province. 88% of people reached were women and girls. 104 babies were delivered by skilled mid-wives, and 1,447 pregnant women directly received services. 3,642 people accessed life-saving GBV or SRH information which were able to link them to direct services during static and mobile sexual and reproductive health clinics, including 791 men and boys. Life-saving GBV and SRH referral and education and communication information was developed and distributed through the Port Vila hospital, the Women and Girl Friendly Space, nearby community spaces and as part of Dignity Kit distributions. 1,280 women and girls received Dignity kits that reduced GBV risks and supported their menstrual health and hygiene. 30 healthcare workers received refresher training on inter-agency Reproductive Health kits, SRH and GBV, and damaged health facilities were restocked with the clinical manuals for GBV response to improve quality of care. 1,808 women and girls, including 10 women with disabilities and 176 adolescent girls, attended the Women and Girl Friendly Space located in the Blacksands area, enabling their access to GBV, SRH and livelihood skills and training within an empowering and healing environment. As a long-term result, the participants in the CERF funded WGFS established a new, sustainable women-led community platform for disaster resilience - the Blacksands Women's Association. Vanuatu-based NGO partners, Vanuatu Family Health Association and CARE, were the key implementing partners who achieved these results with UNFPA, working alongside Ministry of Health, Ministry of Justice, Ministry of Agriculture, community, youth and women leaders, the Vanuatu Society for People with Disability (VSPD), Vanuatu Women's Centre and the faith-based organisation, ADRA.</p>
<p>1.9 Changes And Amendments</p>	<p>There were no significant changes to the budget or overall planned results. At mid-term we proposed a small change reflected in our mid-term report between budget lines (only 7% change not requiring HQ approval) to strengthen GBV referrals, but during implementation this change was not needed and the referral pathway cards and process was able to be implemented as part of the pre-existing Women and girl friendly space budget and activities as originally planned.</p>
<p>2. Project Objective</p>	
<p>2.1 Project Objective</p>	

Provide access to life-saving, integrated Sexual and Reproductive Health and GBV services for women and girls most affected by the Earthquake.

Logical Framework

Logical Framework details for Protection - Gender-Based Violence

3. Outcomes and outputs

Outcome 1

Women and girls in the affected population have access to multi-sectoral GBV services and GBV risks are reduced

Comment on progress in achieving project outcome :

Reaching a total of 2315 women and girls through community outreach and a static safe space, the WGFS project offered psychosocial support, awareness and information on gender-based violence (GBV) and capacity building activities to empower women and girls with knowledge of their rights that reduced GBV risks, supported their mental health, and provided direct mobile access to SRH health clinics, including GBV information and services. A key achievement was the increased awareness and confidence among women and girls to speak out about violence, seek help, and support others in their community. Many participants reported improved communication within their families and stronger understanding of GBV reporting systems, mental health care and sexual and reproductive health and rights. The project implemented direct GBV risk mitigation interventions through the distribution of disability-tailored dignity kits and menstrual hygiene materials. Women involved in the WGFS began to see themselves as leaders, enhancing their participation in community decision making, in line with GBV risk mitigation approaches. They initiated the Blacksands Women's Association to support women beyond the project's duration. The association aims to continue offering safe spaces for women and girls, provide support to survivors of violence, and run community driven programs focused on disaster resilience, livelihoods, and health.

	Indicators Targets		Indicators Achievements	
	End-Cycle Beneficiaries			
Outcome Indicator 1.1(Custom)				
# of Affected areas reached with static or mobile multi-sectoral GBV service information or activities	13	Women: 0 Girls: 0 Men: 0 Boys: 0	13	Women: 0 Girls: 0 Men: 0 Boys: 0
Unit: Areas				

Reporting on Achievements:

Output 1.1

Description

Women Friendly Space Services are established

Comment on progress in achieving project output :

1 Women and Girl Friendly Space was established as planned in the Blacksands community, covering 5 zones, as one of the largest and most severely impacted communities, with a significantly displaced and diverse population. 1808 women and girls participated in activities at the established static WGFS space during the project. Community and stakeholder consultations informed the program design of the WGFS, ensuring it met needs and priorities. With women in the community, the local church, the male community chief and community youth representative were active in co-design and establishment. The church provided the space for WGFS activities in its adjacent grounds and supported the project to create an alternate meeting space when heavy rains disrupted services in the WGFS tent. The community leader has offered land for the space to continue after the project, indicating that the Women Friendly Space Services were not only established but will be sustained as a fully community-led mechanism to continue to support women and girls for GBV prevention, mitigation, response and disaster resilience and recovery,

4. Indicators

			Indicator Targets		Indicators Achievements	
Code	Type	Indicator	End-Cycle Beneficiaries			
Indicator 1.1.1	Standard	(Global) PS.1b - Number of women- and girl-friendly safe spaces and/or centres constructed, rehabilitated and/or supported Unit: Locations	1	Women:0 Men:0 Girls:0 Boys:0	1	Women:0 Men:0 Girls:0 Boys:0

Comments on Reached:

Indicator 1.1.2	Standard	(Global) PS.1a - Number of people accessing women- and girl-friendly safe spaces and/or centres Unit: People	1,300	Women: 1200 Men:0 Girls:100 Boys:0	1,808	Women: 1632 Men:0 Girls:176 Boys:0
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Comments on Reached: Targets were exceeded because of the high demand for activities, adjusting programmatic activities to meet the requests of the women and girls based on feedback and monitoring, and due to the inclusion of community-based dedicated male and female outreach officers as part of the project design. Of the adult women reached, 421 were older women (over 50 years of age) and 10 women and girls with disabilities accessed the WGFS space directly, while others were targeted and reached through mobile outreach and dignity kit distributions linked to the WGFS. While the space primarily targeted women and girls, men and boys were also engaged through consultation, outreach, training facilitation, and in key community engagement. A total of 4 male community chiefs, 1 male youth representative, 1 male area administrator, and 2 male pastors (church) were engaged during the closure meeting of the WGFS to promote wider community ownership and sustainability of efforts.

Logical Framework details for Health - Sexual and Reproductive Health

3. Outcomes and outputs

Outcome 1

Reduce preventable maternal mortality and morbidity among those women most impacted by the Earthquake in affected locations.

Comment on progress in achieving project outcome :

The deployment of 4 midwives throughout the project period and the provision of mobile SRH clinics provided essential staff, supplies and access to reach 1447 pregnant women in earthquake affected areas with information, clean delivery supplies,ANC and PNC and safe delivery by skilled birth attendants.

	Indicators Targets		Indicators Achievements	
	End-Cycle Beneficiaries			

Outcome Indicator 1.1(Custom)

Sexual and reproductive health system in Vanuatu has adequate staffing and training to support pregnant mothers in emergencies Unit: Systems	1	Women: 0 Girls: 0 Men: 0 Boys: 0	1	Women: 0 Girls: 0 Men: 0 Boys: 0
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Reporting on Achievements:

Output 1.1

Description

Pregnant women in affected population provided with skilled delivery assistance

Comment on progress in achieving project output :

The midwives deployed through CERF for the response directly delivered 104 babies, with the majority of babies delivered in the first month of the Earthquake response in Port Vila managed by this team when local midwives could not respond due to impacts of the Earthquake. Midwives were initially deployed at the Port Vila hospital, but as the response shifted to recovery and local midwives were able to return, they shifted to focus more on capacity building of staff and quality assurance monitoring of the deliveries at the hospital and mobile outreach clinics, expanding access to information to ensure women knew where, why and how to seek the services of skilled delivery assistance.

4. Indicators						
			Indicator Targets		Indicators Achievements	
Code	Type	Indicator	End-Cycle Beneficiaries			
Indicator 1.1.1	Standard	(Global) RH.1 - Number of births attended by skilled health personnel Unit: Births	498	Women:0 Men:0 Girls:0 Boys:0	104	Women:0 Men:0 Girls:0 Boys:0

Comments on Reached: As indicated in the mid-term review, the initial target was based on statistics provided by health teams but over-estimated number of births that would be delivered in the primary health center where the midwives were physically deployed. As the recovery stage ensued after several weeks the midwives deployed for direct delivery were requested to shift to doing more mobile outreach for other SRH services. Although the numbers of deliveries performed directly by midwives deployed by CERF for 3 months did not reach the expected target, the training and support provided by the midwives to other staff to perform deliveries may have far exceeded the target - with an estimated 945 number of births attended by skilled health personnel during the period while the midwives were present and mentoring and supporting the overall maternal and newborn health system.

Output 1.2
Description
Pregnant women receive Ante-natal care(ANC) and Post-natal care (PNC) services
Comment on progress in achieving project output :
1343 pregnant women received ANC and PNC through the CERF funded mobile clinics and at the static hospital clinics supported by the CERF-funded midwives.

4. Indicators						
			Indicator Targets		Indicators Achievements	
Code	Type	Indicator	End-Cycle Beneficiaries			
Indicator 1.2.1	Standard	(Global) SP.5 - Number of people receiving GBV and/or SRH medical assistance Unit: People	860	Women:860 Men:0 Girls:0 Boys:0	1,623	Women:1343 Men:280 Girls:0 Boys:0

Comments on Reached: This indicator was achieved through mobile outreach clinics as well as through static provision within Port Vila hospital, including 1343 women provided ante-natal or post-natal care (ANC or PNC) SRH medical services and family planning medical services. Within the family planning services 280 men were provided with family planning counselling and services (including condoms). GBV counselling and services is integrated into SRH service provision as per the Vanuatu health guidelines.

3. Outcomes and outputs					
Outcome 2					
Reduced unmet need for sexual and reproductive health information and services among populations most impacted by the Earthquake in Efate.					
Comment on progress in achieving project outcome :					
Overall 3642 women, girls, men. boys received information and services on reproductive health through CERF-funded mobile SRH outreach clinics and by staff deployed by CERF or provided refresher training through CERF. Quality of care was also improved through training provided to healthcare staff providing SRH services as part of the Earthquake response and recovery.					
		Indicators Targets		Indicators Achievements	
		End-Cycle Beneficiaries			
Outcome Indicator 2.1(Custom)					
Number of Affected Areas Reached with Information or Items to Reduce Unmet Need for SRH services		13	Women: 0 Girls: 0 Men: 0 Boys: 0	13	Women: 0 Girls: 0 Men: 0 Boys: 0
Unit: Areas					
Reporting on Achievements:					
Output 2.1					
Description					
People receive menstrual hygiene management or dignity kits					
Comment on progress in achieving project output :					
1280 women and girls received menstrual hygiene management or dignity kits, reached through several distribution modalities to maximise geographic and inclusive coverage of the affected population. The distributions through the Women and girl friendly space reached women across 5 zones of Blacksands as well as targeted adolescent girls by working with local schools, and hard-to-reach women with disabilities, working with VDPA. There was significant outreach to women and girls with disabilities through collaboration with VDPA to provide information and transport to persons with disabilities to the various dignity kit distribution points, including an outreach tent for International Midwives Day.					
4. Indicators					
		Indicator Targets		Indicators Achievements	
Code	Type	Indicator	End-Cycle Beneficiaries		
Indicator 2.1.1	Standard	(Global) SP.1b - Number of people receiving menstrual hygiene management kits and/or dignity kits Unit: People	1,100	Women: 1000 Men:0 Girls:100 Boys:0	1,280 Women: 1000 Men:0 Girls:280 Boys:0
Comments on Reached: 280 MHM kits for adolescent girls, 894 adult women received dignity kits, 106 women with disabilities with dignity kits. Dedicated outreach and distributions conducted to reach the adolescent girls at 3 different schools and communities, for Midwifery Day.					
Output 2.2					
Description					
Information provided on Sexual and reproductive health services					
Comment on progress in achieving project output :					

In total, 2332 people (1096 women, 448 girls, 405 men and 386 boys) were provided information on Sexual and Reproductive health services through mobile outreach clinics on sexual and reproductive health in Malapoa, Eton, Teouma, Blacksands, Paunagisu, Emua, Epule, Epau, Ekipe, Pele Island, Sama, Siviri and Takara. Specialised and updated Information and Education materials were co-developed for the Earthquake Outreach and recovery and endorsed by the Sexual and Reproductive Health Working Group that was established during the Earthquake as part of the Health Cluster, in addition to approval by the RMNCAH committee.

4. Indicators						
			Indicator Targets		Indicators Achievements	
Code	Type	Indicator	End-Cycle Beneficiaries			
Indicator 2.2.1	Standard	(Global) SP.2b - Number of people accessing services enabled by inter-agency emergency reproductive health kits Unit: People	500	Women:350 Men:150 Girls:0 Boys:0	864	Women:400 Men:464 Girls:0 Boys:0

Comments on Reached: Regarding information on SRHR to ensure they had an entry point to receive these services, mobile clinics reached a total of 2332 people which enabled or created the demand for people to access these services. An inter-agency RH kit was provided and staff and resources to conduct outreach clinics with the kits was funded by CERF, which reached 400 women (kit 2b) and 464 men with family planning supplies (male condoms from RH kits).

Output 2.3

Description

Emergency medical team trained on use of Reproductive Health Kits for SRH/GBV services

Comment on progress in achieving project output :

At the project start, with newly deployed midwives received an orientation and refresher briefing on the GBV health response standards of procedure for Vanuatu. 30 health professionals directly providing services using the inter-agency reproductive health kits received a 1 day refresher training on the kits with CERF funding, including the linkages with provision of clinical management of rape and the MISP.

4. Indicators						
			Indicator Targets		Indicators Achievements	
Code	Type	Indicator	End-Cycle Beneficiaries			
Indicator 2.3.1	Standard	(Global) SP.3 - Number of health care providers receiving training on the minimum emergency response package for sexual and reproductive health Unit: Staff	30	Women:20 Men:10 Girls:0 Boys:0	30	Women:20 Men:10 Girls:0 Boys:0

Comments on Reached:

5. People Targeted

5. People Directly Reached

PROJECT DETAIL

Categories		Women (>=18)	Girls (<18)	Men (>=18)	Boys (<18)	Total
Internally Displaced People	Targeted	510	100	80	20	710
Internally Displaced People	Reached	600	200	80	20	900
Refugees	Targeted	0	0	0	0	0

Refugees	Reached	0	0	0	0	0
Returnees	Targeted	0	0	0	0	0
Returnees	Reached	0	0	0	0	0
Host Communities	Targeted	1,765	100	80	20	1,965
Host Communities	Reached	4,679	547	384	366	5,976
Other	Targeted	0	0	0	0	0
Other	Reached	0	0	0	0	0

Total People directly Targeted						
	Targeted	2,275	200	160	40	2,675
	Percentage of Female 93 %		Percentage of Male 7 %		Percentage of Child 9 %	
	Reached	5,279	747	464	386	6,876
	Percentage of Female 88 %		Percentage of Male 12 %		Percentage of Child 16 %	

Persons with disabilities						
	Targeted	100	0	5	0	105
	Reached	116	0	0	0	116
	Percentage of PWD against Total Targeted 2%					

Directly Targeted by Sector/Cluster

Cluster	Category	Women (≥18)	Girls (<18)	Men (≥18)	Boys (<18)	Total
Health - Sexual and Reproductive Health	Internally Displaced People - Targeted	100	100	80	20	300
	Internally Displaced People - Reached	100	100	80	20	300
	Refugees - Targeted	0	0	0	0	0
	Refugees - Reached	0	0	0	0	0
	Returnees - Targeted	0	0	0	0	0
	Returnees - Reached	0	0	0	0	0
	Host Communities - Targeted	1,110	100	80	20	1,310
	Host Communities - Reached	3,547	471	384	366	4,768
	Other - Targeted	0	0	0	0	0

Health - Sexual and Reproductive Health	Other - Reached	0	0	0	0	0
	Total People directly Targeted					
	Targeted	1,210	200	160	40	1,610
	Percentage of Female 88 %		Percentage of Male 12 %		Percentage of Child 15 %	
	Reached	3,647	571	464	386	5,068
	Percentage of Female 83 %		Percentage of Male 17 %		Percentage of Child 19 %	
	Persons with Disabilities					
	Targeted	100	0	5	0	105
	Reached	106	0	0	0	106
	Percentage of PWD against Project Total 2%					
Protection - Gender-Based Violence	Internally Displaced People - Targeted	500	100	0	0	600
	Internally Displaced People - Reached	500	100	0	0	600
	Refugees - Targeted	0	0	0	0	0
	Refugees - Reached	0	0	0	0	0
	Returnees - Targeted	0	0	0	0	0
	Returnees - Reached	0	0	0	0	0
	Host Communities - Targeted	655	100	0	0	755
	Host Communities - Reached	1,132	76	0	0	1,208
	Other - Targeted	0	0	0	0	0

Protection - Gender-Based Violence	Other - Reached	0	0	0	0	0
	Total People directly Targeted					
	Targeted	1,155	200	0	0	1,355
	Percentage of Female 100 %		Percentage of Male 0 %		Percentage of Child 15 %	
	Reached	1,632	176	0	0	1,808
	Percentage of Female 100 %		Percentage of Male 0 %		Percentage of Child 10 %	
	Persons with Disabilities					
	Targeted	100	0	0	0	100
	Reached	10	0	0	0	10
	Percentage of PWD against Project Total 1%					

5.1 Comments for People Targeted *

Total people reached was calculated by adding the SRH and GBV totals reached. To avoid double counting, dignity kit totals were only counted in the SRH component, although some were distributed as part of the WGFS mobile outreach and static services. The highest numbers of males reached with services was taken and number of men reached through SRH clinics were not counted to avoid overlap. As the evacuation centres used to calculate the IDP targets in December closed soon after the interventions started and the IDPs returned home to the communities and locations targeted in the intervention, it was assumed that all people who were displaced at the start of the intervention were reached and they were not "double counted" as part of the host communities reached.

6. People Indirectly Reached

6.1 Estimate on people indirectly reached

Targeted	16,500	Reached	21,200
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6.2 People indirectly reached by the project

Indirect beneficiaries were calculated based on the average household size of 5 people in Port Vila. As households include women, men, boys and girls, the indirect beneficiaries calculation includes them all. Clinical reports indicate that children and men would also receive health and GBV prevention information when the mother attended services and activities. When mothers engaged in livelihood activities at the WGFS, reports indicated the full family received economic and well-being benefits. Because SRH mobile clinic services attracted families / households (including men and boys) and WGFS activities involve both mothers and daughters, the indirect beneficiaries were calculated in way to avoid "double counting" within a household, and to ensure there is not double counting with direct beneficiaries reached. The calculation assumed that as one adult woman in the household as our primary and direct target received services (e.g. a pregnant woman safely delivers or GBV information or empowerment information received as part of a WGFS or dignity kit intervention), then 4 other people would indirectly benefit in the household (e.g. 1 woman reached X 4 additional people). This indirect beneficiary sum was then cross-checked with the total population in the area and the Women of Reproductive Age total population to ensure it did not exceed the reasonable limits of population size.

7. Locations

People per Sector	Targeted		Reached	
	Health - Sexual and Reproductive Health			
Shefa	100 %	1,610	100 %	5,068
	100 %	1,610	100 %	5,068

People per Sector	Protection - Gender-Based Violence					
Shefa	100	%	1,355	100	%	1,808
	100	%	1,355	100	%	1,808

Comments on People Reached

All activities took place in Shefa province, focusing on 13 of the most affected communities by the Earthquake.

Comments on Budget

	Targeted			Reached		
Budget per Sector	Health - Sexual and Reproductive Health					
Shefa	100	%	92,998.73	100	%	92,998.73
	100	%	92,998.73	100	%	92,998.73
Budget per Sector	Protection - Gender-Based Violence					
Shefa	100	%	56,999.22	100	%	56,999.22
	100	%	56,999.22	100	%	56,999.22

Programming and Implementation

8. Effective Programming

8.1 Effective programming *

Localization was enhanced by working alongside the government and relevant clusters (SRH Working Group/Health Cluster and Justice, Gender and Protection Cluster) for design, launch, evaluation and implementation of the SRH and GBV interventions, as well as working closely with the community leadership structure in Blacksands community and local CSOs. For the WGFS, consultations were held with affected communities, including persons with disabilities, in line with AAP requirements to identify the programme activities, site location, and to conduct male engagement to ensure safety and sustainability. The community chief and youth leader and local women representatives participated in the mid-term evaluation and gave input to a sustainability plan and the final ceremony to share their evaluation inputs for programme monitoring. The WGFS created a hub for the Police, Ministry of Health and Ministry of Agriculture to provide information and training for communities, at a time when their facilities and outreach were limited due to earthquake impacts. The Vanuatu Women's Center, the most prominent women-led organisation in Vanuatu, also worked in partnership with the WGFS to provide programming, and co-designed GBV IECS to enhance sustainability and transition for development GBV services after the emergency response. For health, the SRH Working Group reviewed plans for the interventions and co-developed SRH outreach materials. The Ministry of Health co-convened the RH kit training and hosted the midwives. All WGFS staff were required to sign a PSEA code of conduct. CARE also conducted an independent After Action Review with all stakeholders for the WGFS (including all staff) to gather lessons learned. In addition, CARE implemented Minimum Standard for Self Care, which is a first for GBV programming in Emergencies in Vanuatu.

8.2 Protection Budget Value and People Reached

Sector Name	Sector Budget		Protection Budget Percent	Protection Budget Value	Protection People Targeted
Protection - Gender-Based Violence	56,999.22	Targeted	100.00	56,999.22	1,355
		Reached	100.00	56,999.22	1,808

Health - Sexual and Reproductive Health	92,998.73	Targeted	60.00	55,799.24	966
		Reached	100.00	92,998.73	1,507

8.3. Comment on the Protection Budget Value

The protection budget was fully utilized to reach marginalised women and girls facing protection risks. The project exceeded the planned targets to reach more women and girls than originally planned, indicating an effective utilisation of the funding and good programme design.

The Protection component of the SRH budget was focused on pregnant women and reaching adolescent girls specifically for GBV risk mitigation and services through the health sector/ ANC and PNC appointments, and family planning services as well as dignity kit interventions. The Women and Girl Friendly Space is a dedicated GBV risk mitigation and response initiative and reached the full target for all women and girls who participated in the WGFS.

8.4 Protection from GBV Budget Value and People Reached

Sector Name	Sector Budget		GBV Budget Percent	GBV Budget Value	GBV People Targeted
Protection - Gender-Based Violence	56,999.22	Targeted	100.00	56,999.22	1,355
		Reached	100.00	56,999.22	1,808
Health - Sexual and Reproductive Health	92,998.73	Targeted	50.00	46,499.37	805
		Reached	100.00	92,998.73	1,507

8.5. Comment on the Protection from GBV Budget Value

As the WGFS under protection was a dedicated GBV intervention the budget was fully utilized for GBV and targets were exceeded.

For SRH, as GBV is integrated into midwifery and family planning service provision and the provision of SRH services reduces protection risks, the target was significantly exceeded.

8.6. Gender Equality Budget Value and People Reached

Sector Name	Sector Budget		Gender Equality Budget Percent	Gender Equality Budget Value	Gender Equality People Targeted
Protection - Gender-Based Violence	56,999.22	Targeted	100.00	56,999.22	1,355
		Reached	100.00	56,999.22	1,808
Health - Sexual and Reproductive Health	92,998.73	Targeted	100.00	92,998.73	1,610
		Reached	100.00	92,998.73	3,647

8.7. Comment on the Gender Equality Budget Value

As both intervention areas for the CERF fall within SDG 5 Gender Equality thematic areas and specifically targeted women and girls, the budget was fully utilized and targets exceeded for Gender Equality.

8.8. Disability Budget Value and People Reached

Sector Name	Sector Budget		Persons with Disabilities Budget Percentage	Persons with Disabilities Budget Value
Protection - Gender-Based Violence	56,999.22	Targeted	2.00	1,139.98
		Reached	2.00	1,139.98
Health - Sexual and Reproductive Health	92,998.73	Targeted	1.00	929.99
		Reached	1.00	929.99

8.9. Comment on Disability Budget Value and People Reached

A dedicated accessibility budget was created as part of the project design to ensure disability inclusion in Protection and SRH. This was fully utilised (USD 1000). In addition, additional funding was spent for disability by utilising the Vanuatu Society for People with Disability (VSPD) venue to hold planning meetings and events for the WGFS midterm workshop and evaluation. As part of International Midwives Day, the SRH component of the project worked with VSPD to coordinate transportation and targeting to attend the SRH focused events. Due to demand, additional disability kits were procured, and CERF funding was used to facilitate additional distributions. Through the WGFS budget with CARE, there was funding utilised to reach women and girls with disabilities for participation at WGFS and for dignity kit and MHM distribution.

9. Funding

Total CERF funds sub-granted to implementing partners:		50,000.00		
International NGO		40,000.00	27 %	
National NGO		10,000.00	7 %	
	WLO	RLO	YLO	OPD
	0.00 0 %	0.00 0 %	0.00 0 %	0.00 0 %
Others / Government		0.00	0 %	
Private Contractor		0.00	0 %	
Red Cross/Red Crescent Society		0.00	0 %	
UN and IOM		0.00	0 %	

10. Sub-Implementing Partners

Partner Name	Partner Type	Budget in US \$	Expenditure in US \$ 2nd Financial Report	Date of First Payment to Implementing Partner	Start Date of CERF Funded Activities	Activities	Comment (mandatory if 15% variance)
Vanuatu Family Health Association	National NGO	10,000	10,000	11-Mar-2025	21-Feb-2025	Health - Sexual and Reproductive Health Activity 1.1.1 Provision of skilled birth attendants... Activity 1.2.1 Provision of outreach and information to pregnant women on where to access birthing facilities... Activity 1.2.2 Provision of static and mobile ante-natal and post-natal	To enhance localisation, UNFPA brought VFHA as our first local organisation partner for Vanuatu. Although the IP process began during the onset of the response in December the IP registration, UNPP and Quantum supplier registration took significant time due to the holiday

					<p>care... Activity 2.1.1 Distribution of MHM and Dignity kits to affected population... Activity 2.2.1 Provision of information and outreach sessions on SRH at WFS and outreach clinics... Activity 2.3.1 Training of Emergency medical teams and staff on how to use the RH kits delivered for emergency resp...</p>	<p>period and start of the year. Humanitarian staff and funding changes due to USAID cuts further delayed processing. A further delay occurred due to a change in the exchange rate which required a new revision and re-process. These delays did not affect project implementation or success as the partner was still able to reach and exceed the targets. Midwives deployed directly by UNFPA were able to cover similar services working with VFHA but without the mobile clinic funding, during this time until VFHA could begin the CERF fund implementation. VFHA could also use the WGFS entry point funded by CERF to provide services funded by other sources until the mobile clinic funding could begin. Although the delays were unfortunate, now the local partner is registered and pre-positioned for future humanitarian work improving long-term preparedness.</p>
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CARE Vanuatu	International NGO	40,000	40,000	06-Feb-2025	03-Feb-2025	Protection - Gender-Based Violence Activity 1.1.1 Establish Women Friendly Space in line with GBViE Minimum Standards...	The partner was required to go through a re-verification in the UNPP system due to changes to information in their profile, which delayed processing of payments. In addition, Humanitarian staff and funding changes due to USAID cuts further delayed processing.
Total		50,000.00	50,000.00				
Latest Financial Report Expenditure			0.00				
Comment: Briefly describe the reason for invalid date inputs							

11. Cash and Voucher Assistance (CVA)					
11.1 Cash					
CVA Type	Cluster/Sector	Planned People Targeted	People Reached	Total planned transfer amount	Total amount transferred info
No CVA types were added in this project.					
11.2 CVA Total People Reached		Targeted		Reached	
11.3 Comments on the Reached people" (mandatory if variance is more than 15%)					

Project Proposal: CERF-VUT-24-RR-IOM-34602	
Allocation Code:	CERF Rapid Response: Vanuatu Dec 2024 (Earthquake)
Project Code:	CERF-VUT-24-RR-IOM-34602
Emergency Type:	Climate / natural disaster - Earthquake
Project Sector/Cluster:	Camp Coordination and Camp Management Shelter and Non-Food Items
Organization:	International Organization for Migration (IOM)

1. Project Overview	
1.1 Project Title	Emergency response to vulnerable people affected by the earthquake in Vanuatu
1.2 Start Date	20-Dec-2024
1.3 End Date	19-Jun-2025
1.4 Extended End Date	19-Sep-2025
1.5 Project Duration	9 Months

1.6 Project Revision				
Revision Name	Revision Project	Date Revision Submitted	Date Revision Approved	Revision Status
Revision 1	Revision without CERF HQ approval	21-Mar-2025		Revision Withdrawn
Revision 2	Revision without CERF HQ approval	24-Mar-2025	24-Mar-2025	Approved - Project form updated
Revision 3	Revision without CERF HQ approval	09-Jun-2025	09-Jun-2025	Approved - Project form updated
Revision 4	No Cost Extensions (NCE)	09-Jun-2025	15-Jul-2025	Approved - Project form updated
Revision 5	Reprogramming, Budget Revision (above 15% variance across categories)	26-Aug-2025	03-Sep-2025	Approved - Project form updated

1.7 Funding Summary	
1.7.1 Total Funds Required for Organization's Response	500,000.00
1.7.2 Funds Received for Organization's Response	0.00
1.7.3 Total Funds Requested from CERF for this Proposal	300,000.18

1.8 Project Results Summary

CCCM Interventions:

People Reached: 520 displaced individuals—exceeding targets.

Approach: Led by DECM Cluster, integrating site management, displacement tracking, referrals, and coordination with clusters and partners.

Relevance: Real-time data guided support for urgent shelter, protection, WASH, food, and health needs.

Satisfaction: 70-80% of households confirmed services met their needs.

Effectiveness: 100% of identified needs addressed via direct aid or referrals.

Quality: Timely, evidence-based assistance ensured through data collection, technical support, and coordinated delivery.

Shelter Interventions:

People Reached: 595 individuals (119 HHs) received cash for emergency shelter repairs.

Approach: Shifted to fully cash-based modality; households contributed labor/resources under Shelter Cluster's self-help strategy.

Funding: CERF and ECHO combined to deliver full assistance package per household, ensuring coherence and avoiding duplication.

Post-Distribution Monitoring (PDM):

Relevance: 99.28% of HHs directly affected by the earthquake; vulnerable groups included.

Satisfaction: 100% satisfied with distribution; 97% felt safe at distribution points.

Effectiveness: 97.83% used cash for shelter repairs; 100% reported improved well-being.

Quality: 95.65% satisfied with technical guidance and "build back safer" monitoring.

Accountability: 84.78% confirmed transparent, accessible programme info; 93.48% reported no risks or discomfort.

Social Impact: 98.13% noted positive effects on intra-household relations.

1.9 Changes And Amendments

During implementation, IOM submitted four revisions to the CERF Secretariat to adapt to evolving operational needs and contextual challenges.

1. **Budget Reallocation:** In coordination with the Shelter Cluster, IOM reallocated \$40,000 originally designated for in-kind NFI distribution to Cash and Voucher Assistance (CVA), optimizing delivery efficiency and addressing unmet needs. This change also included formal recognition of VRCS as the sub-IP.
2. **Support for Temporary Relocation:** Following a government request, IOM proposed using vehicle fee budget lines to support the urgent relocation of a small residential community impacted by the earthquake.
3. **No-Cost Extension (NCE):** Delays in cash assistance rollout were caused by:
 - Late execution and release of Housing Building Damage Assessment (HBDA) results.
 - Data-sharing delays due to privacy protocols between UNDP and VRCS.
 - Time required by Shelter Cluster to design appropriate cash packages.
 - VRCS field verification identifying missed beneficiaries and initiating a grievance process.
 - Government requests for additional shelter response documentation.
 - Delays in demolition preparations for the Ministry of Lands and Resources building, affecting the Sokapo community's relocation timeline.
4. **Data Corrections:** Final adjustments were made to reflect accurate beneficiary numbers and cash disbursement figures, along with budget corrections for unused logistics funds from the NFI component.

These revisions reflect the project's adaptive management approach and commitment to delivering timely, accountable, and context-sensitive assistance.

2. Project Objective

2.1 Project Objective

Improve the living conditions of earthquake-affected populations through provision of CVA for shelter, monitoring of displaced populations and technical assistance to Vanuatu Displacement and Evacuation Centre Management (DECM) Cluster.

Logical Framework

Logical Framework details for Camp Coordination and Camp Management				
3. Outcomes and outputs				
Outcome 1				
Earthquake-affected populations benefit from enhanced coordination and technical support from the Displacement and Evacuation Centre Management (DECM) Cluster.				
Comment on progress in achieving project outcome :				
Earthquake-affected populations benefited from enhanced coordination and technical support through the DECM Cluster, co-led by NDMO and IOM. Thirty data collection missions and regular displacement tracking provided one of the only reliable sources of data regarding affected population and their needs, with information shared in real time through reports and dashboards to guide government and partner responses. Multi-sectoral assessments and referral mechanisms ensured that 100% of identified needs were actioned, while site management services directly addressed priority gaps. As a result, 70-80% of households reported that assistance received corresponded with their needs, demonstrating the effectiveness of coordinated support and the central role of the DECM Cluster in ensuring timely, targeted assistance to both displaced and host communities.				
		Indicators Targets		Indicators Achievements
		End-Cycle Beneficiaries		
Outcome Indicator 1.1(Custom)				
Percentage of households who state that the services provided by DECM Cluster correspond with their needs	70	Women: 0 Girls: 0 Men: 0 Boys: 0	92	Women: 0 Girls: 0 Men: 0 Boys: 0
Unit: Percentage				
Reporting on Achievements:				
Ninety-two per cent of households who received services or support from DECM Cluster stated in post-distribution monitoring that the service provided corresponded with their needs. Needs captured in data collection missions included top three priority needs of the assessed population, as well as sector-based needs across shelter, food, WASH, gender and protection (such as security or GBV incidences) and health-related needs. This covered the needs of both displaced and host households. One hundred per cent of all reported needs through the DECM Cluster baseline assessments and flow monitoring assessments were actioned, either through coordinated distribution of relief supplies or through referrals sent to service providers or other clusters which were then actioned (e.g. medical checks, protection assessments, psycho-social support).				
Output 1.1				
Description				
Data and evidence on the mobility, vulnerabilities, and needs of earthquake-affected populations is available to enable decision makers and responders to provide these populations with better life-saving assistance.				
Comment on progress in achieving project output :				

Displacement tracking was conducted by IOM from 18 December 2024 to 11 March 2025. By the end of this period, all displaced households had returned home except for six affected by a localized landslide. In line with NDMO protocols, IOM utilized the Displacement Tracking Matrix (DTM) and Displacement Evacuation Centre Monitoring (DECM) tools, including Evacuation Centre and Host Household Monitoring Reporting Forms. Tracking began with a baseline assessment of evacuation centres, collective shelters, and host households, followed by regular flow monitoring to observe returns. An intention survey was also conducted to understand barriers to return among those experiencing prolonged displacement. A live database and PowerBI dashboard were maintained and updated with real-time field data, and findings were shared regularly with cluster partners. Due to challenges in conducting rapid official assessments post-disaster, comprehensive data on the affected population remained limited.

4. Indicators						
			Indicator Targets		Indicators Achievements	
Code	Type	Indicator	End-Cycle Beneficiaries			
Indicator 1.1.1	Custom	Number of field data collection missions conducted with the government and/or partners Unit: Missions	6	Women:0 Men:0 Girls:0 Boys:0	30	Women:0 Men:0 Girls:0 Boys:0
<p>Comments on Reached: Thirty field data collection missions were conducted by IOM and partners on behalf of the Government between 18 December 2024 and 11 March 2025. Data collection included baseline assessments using Evacuation Centre and Host/Displaced Household Reporting Forms at displacement and hosting sites, as well as outflow data through flow monitoring forms. One month after the earthquake, a displaced household intention survey was integrated to better understand barriers to return and evolving needs. While DTM field verification was initially planned based on typical cyclone-related displacement patterns, the earthquake resulted in a markedly different profile, with longer-term displacement and a high proportion of households hosted by communities. This required significantly more field missions to verify locations and collect data, resulting in achievements exceeding the original target.</p>						
Indicator 1.1.2	Custom	Number of consolidated reports produced that capture the needs of the affected population including the particularly vulnerable groups Unit: Reports	1	Women:0 Men:0 Girls:0 Boys:0	10	Women:0 Men:0 Girls:0 Boys:0
<p>Comments on Reached: Ten reports were produced during the response that captured the needs of the affected populations, including particularly vulnerable groups (women, pregnant women, breastfeeding women, elderly, sick, people with disabilities). Two formal reports were developed and disseminated, and eight reports were provided as database summary reports, which were disseminated via email to other clusters, and DECM Cluster members and partners. Not counted in this indicator are situation reports which were also provided by DECM Cluster at regular intervals for inclusion in the National Disaster Management Office's or Pacific Humanitarian Team's overall situation reports. These were shared widely across the cluster system to support evidence based decision making and enable partners to adjust assistance as needs evolved over time.</p>						
Indicator 1.1.3	Standard	(Global) AP.4b - AAP - Percentage of affected people who state that the assistance, services and/or protection provided correspond with their needs Unit: Percentage	80	Women:0 Men:0 Girls:0 Boys:0	92	Women:0 Men:0 Girls:0 Boys:0

Comments on Reached: Ninety-two per cent of affected people stated in post-distribution monitoring that assistance, services and/or protection provided by the DECM Cluster corresponded with their needs and expressed very high or high level of satisfaction with the assistance provided. Assistance, services and/or protection provided by the DECM Cluster included provision of food, water, jerry cans, hygiene kits, first aid kits, emergency shelter, health checks and protection referrals. Beneficiaries stated that these items assisted in meeting their needs as host or displaced households. One hundred per cent of all reported needs through the DECM Cluster baseline assessments and flow monitoring assessments were actioned, either through coordinated distribution of relief supplies or through referrals sent to service providers or other clusters which were then actioned (e.g. medical checks, protection assessments, psycho-social support).

Output 1.2

Description

Affected populations receive assistance coordinated with the DECM Cluster

Comment on progress in achieving project output :

Assistance to affected populations was effectively coordinated through the DECM Cluster, co-led by NDMO and IOM, ensuring timely and organized support across displacement sites. Regular Cluster meetings and daily operational engagement during the peak response enabled strong coordination with the Shelter Cluster and other partners. Through site management services, technical engineering assessments, and facilitation of multi-sectoral distributions and protection activities, the DECM Cluster ensured that displaced households and host communities received coordinated, needs-based assistance, while also supporting government-led evacuation planning in high-risk areas and supporting local authorities in the coordination of the response.

4. Indicators

			Indicator Targets	Indicators Achievements
Code	Type	Indicator	End-Cycle Beneficiaries	
Indicator 1.2.1	Custom	Number of Displacement and Evacuation Centre Management Cluster meetings conducted. Unit: Meetings	6 Women:0 Men:0 Girls:0 Boys:0	13 Women:0 Men:0 Girls:0 Boys:0

Comments on Reached: Thirteen formal Displacement and Evacuation Centre Management (DECM) Cluster meetings were held during the project period, as follows: 20, 22, 24, 27, 31 December 2024; 2, 8, 15, 29 January 2025; 12 and 26 February 2025; 12 and 26 March 2025. In addition, the DECM Cluster operational team—comprising the National Disaster Management Office (NDMO) as Cluster Lead and IOM as Co-Lead—maintained a high frequency of engagement, meeting daily during the first month of the response. This was followed by twice-weekly meetings for the subsequent two weeks, before transitioning to a weekly schedule. In April and May, as the number of displaced persons gradually declined, the DECM Cluster continued to provide regular updates during the Shelter Cluster meetings, which were held on a fortnightly basis. Throughout the response, coordination between the DECM and Shelter Clusters remained strong, with meetings scheduled back-to-back to ensure seamless information sharing and alignment of activities.

Indicator 1.2.2	Custom	Number of buildings/houses provided with engineering assessment support Unit: Assessments	10 Women:0 Men:0 Girls:0 Boys:0	129 Women:0 Men:0 Girls:0 Boys:0
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Comments on Reached: Engineering assessment support was provided for 119 houses that sustained moderate, severe, or full damage during the earthquake. Assessments were conducted prior to cash distribution and throughout the repair process. Technical support included structural assessments, development of bills of quantities to guide appropriate material procurement, awareness-raising, in-depth construction guidance, and follow-up site visits. In addition, the DECM Cluster facilitated post-earthquake safety assessments of 10 evacuation centres by a technical engineering team.

While the original target focused on public infrastructure, the deployment of the 64-member Australian Disaster Assistance Response Team (DART) to conduct specialised assessments of evacuation centres allowed IOM to shift its focus to damaged housing. The simple, single-storey housing typology enabled efficient scale-up, resulting in a substantially higher number of houses assessed than initially planned.

Indicator 1.2.3	Standard	(Global) CM.1 - Number of displacement sites supported with appropriate site management services Unit: Sites	6	Women:0 Men:0 Girls:0 Boys:0	51	Women:0 Men:0 Girls:0 Boys:0
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Comments on Reached: Appropriate management services were provided to 51 displacement sites following the earthquake, including evacuation centres, host households, and community-based displacement locations. Support included coordinated distribution of essential relief items such as food, water, hygiene and WASH kits, first aid kits, shelter materials, and solar lights. Where needs were identified, services also included health checks, psychosocial support, and child-friendly spaces. In response to flash-flooding risks affecting a community of over 8,000 people on the outskirts of Port Vila, the DECM Cluster supported mass evacuation awareness and evacuation planning as part of its technical assistance to government authorities. Although six evacuation centres were initially targeted, displacement tracking identified 51 active sites. IOM adapted its response to cover all identified locations, reflecting the actual scale and distribution of displacement.

Logical Framework details for Shelter and Non-Food Items

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3. Outcomes and outputs						
Outcome 1						
Earthquake-affected populations in Vanuatu have improved living condition through Shelter/NFI and cash and voucher assistance (CVA) for shelter repair.						
Comment on progress in achieving project outcome :						
The project directly improved the living conditions of earthquake-affected households by enabling safe and timely shelter repairs. A total of 595 people (119 households) benefitted from cash assistance to purchase essential building materials, complemented by their own labour and resources in line with a self-help approach. On-site technical supervision and quality monitoring supported safe and durable outcomes, while complementary ECHO funding ensured households could access the full assistance package without gaps or duplication. Post-Distribution Monitoring (PDM) confirmed the strong impact of the intervention across multiple dimensions. Nearly all households (99.28%) were selected due to direct earthquake impacts, with a significant proportion representing vulnerable groups, including elderly members, female-headed households, people with disabilities, and families with young children. Beneficiary feedback was overwhelmingly positive: • 100% reported satisfaction with the distribution process, and 97% felt safe at the distribution point. • 97.83% stated the cash transfer enabled them to carry out urgent shelter repairs, and 100% reported improved well-being as a result. • 95.65% expressed satisfaction with the technical guidance and quality monitoring received to “build back safer.” • 98.13% highlighted positive impacts on intra-household relations. • 84.78% confirmed that programme information was transparent and accessible to all community members, including wo						
		Indicators Targets		Indicators Achievements		
		End-Cycle Beneficiaries				
Outcome Indicator 1.1(Custom)						
Percentage of households reporting adequate access to household non-food items and CVA		80	Women: 0 Girls: 0 Men: 0 Boys: 0	100	Women: 0 Girls: 0 Men: 0 Boys: 0	
Unit: Percentage						
Reporting on Achievements:						
100% of households reported satisfaction with the cash assistance process and confirmed that the transfer enabled them to undertake urgent shelter repairs, demonstrating adequate access to CVA for meeting shelter-related needs.						
Output 1.1						
Description						
[Not Implemented]: Earthquake-affected household are provided with Shelter/NFI kits						
Comment on progress in achieving project output :						
4. Indicators						
		Indicator Targets		Indicators Achievements		
Code	Type	Indicator	End-Cycle Beneficiaries			
Indicator 1.1.1	Standard	(Global) SN.2b - Number of in-kind NFI kits distributed Unit: Kits	0	Women:0 Men:0 Girls:0 Boys:0	0	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached:						

Output 1.2						
Description						
Earthquake-affected household are provided with CVA						
Comment on progress in achieving project output :						
The project improved living conditions for 119 earthquake-affected households (595 people) through cash assistance for shelter repairs. Beneficiaries used the funds to purchase essential materials, contributing their own labour in a self-help approach. On-site technical supervision and quality monitoring ensured safe and durable outcomes. Complementary ECHO funding helped deliver a complete assistance package without gaps or duplication. Post-Distribution Monitoring (PDM) confirmed strong impact: 99.28% of households were directly affected by the earthquake, with many representing vulnerable groups (elderly, female-headed, disabled, and families with young children). Feedback was overwhelmingly positive—100% were satisfied with the distribution process, 97.83% used the cash for urgent repairs, and 100% reported improved well-being. 95.65% appreciated the technical guidance, 98.13% noted better intra-household relations, and 84.78% confirmed programme information was accessible to all, including marginalized groups. 93.48% reported no risks or discomfort during assistance. The cash component strengthened safety, well-being, and social cohesion.						
4. Indicators						
			Indicator Targets		Indicators Achievements	
Code	Type	Indicator	End-Cycle Beneficiaries			
Indicator 1.2.1	Standard	(CASH) Number of people receiving Sector-specific unconditional cash transfers Unit: People	500	Women:0 Men:0 Girls:0 Boys:0	595	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: Of the total Shelter/NFI budget, 73% of the funds are related to providing beneficiary services (CVA, community outreach, technical support). Of those funds, USD 120,103 was utilized for cash and voucher assistance (CVA), representing an increase from the USD 80,000 initially allocated for direct CVA and Shelter/NFI assistance in the original budget.						
Indicator 1.2.2	Standard	(CASH) Total value of Sector-specific unconditional cash transfers distributed in USD Unit: Dollars	125,706	Women:0 Men:0 Girls:0 Boys:0	120,103	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: Of the total Shelter/NFI budget, 73% of the funds are related to providing beneficiary services (CVA, community outreach, technical support). Of those funds, USD 120,103 was utilized for cash and voucher assistance (CVA), representing an increase from the USD 80,000 initially allocated for direct CVA and Shelter/NFI assistance in the original budget.						

5. People Targeted						
5. People Directly Reached						
PROJECT DETAIL						
Categories		Women (>=18)	Girls (<18)	Men (>=18)	Boys (<18)	Total
Internally Displaced People	Targeted	60	38	62	40	200
Internally Displaced People	Reached	156	99	161	104	520
Refugees	Targeted	0	0	0	0	0
Refugees	Reached	0	0	0	0	0
Returnees	Targeted	60	38	62	40	200
Returnees	Reached	149	149	149	148	595
Host Communities	Targeted	180	114	186	120	600

Host Communities	Reached	0	0	0	0	0
Other	Targeted	0	0	0	0	0
Other	Reached	0	0	0	0	0
Total People directly Targeted						
	Targeted	300	190	310	200	1,000
	Percentage of Female 49 %		Percentage of Male 51 %		Percentage of Child 39 %	
	Reached	305	248	310	252	1,115
	Percentage of Female 50 %		Percentage of Male 50 %		Percentage of Child 45 %	

Persons with disabilities						
	Targeted	8	2	8	2	20
	Reached	8	3	8	4	23
	Percentage of PWD against Total Targeted 2%					

Directly Targeted by Sector/Cluster						
Cluster	Category	Women (>=18)	Girls (<18)	Men (>=18)	Boys (<18)	Total
Camp Coordination and Camp Management	Internally Displaced People - Targeted	30	19	31	20	100
	Internally Displaced People - Reached	156	99	161	104	520
	Refugees - Targeted	0	0	0	0	0
	Refugees - Reached	0	0	0	0	0
	Returnees - Targeted	30	19	31	20	100
	Returnees - Reached	0	0	0	0	0
	Host Communities - Targeted	90	57	93	60	300
	Host Communities - Reached	0	0	0	0	0
	Other - Targeted	0	0	0	0	0

Camp Coordination and Camp Management	Other - Reached	0	0	0	0	0
	Total People directly Targeted					
	Targeted	150	95	155	100	500
	Percentage of Female 49 %		Percentage of Male 51 %		Percentage of Child 39 %	
	Reached	156	99	161	104	520
	Percentage of Female 49 %		Percentage of Male 51 %		Percentage of Child 39 %	
	Persons with Disabilities					
	Targeted	4	1	4	1	10
	Reached	7	2	7	2	18
	Percentage of PWD against Project Total 3%					
Shelter and Non-Food Items	Internally Displaced People - Targeted	30	19	31	20	100
	Internally Displaced People - Reached	0	0	0	0	0
	Refugees - Targeted	0	0	0	0	0
	Refugees - Reached	0	0	0	0	0
	Returnees - Targeted	30	19	31	20	100
	Returnees - Reached	149	149	149	148	595
	Host Communities - Targeted	90	57	93	60	300
	Host Communities - Reached	0	0	0	0	0
	Other - Targeted	0	0	0	0	0

Shelter and Non-Food Items	Other - Reached	0	0	0	0	0
	Total People directly Targeted					
	Targeted	150	95	155	100	500
	Percentage of Female 49 %		Percentage of Male 51 %		Percentage of Child 39 %	
	Reached	149	149	149	148	595
	Percentage of Female 50 %		Percentage of Male 50 %		Percentage of Child 50 %	
	Persons with Disabilities					
	Targeted	4	1	4	1	10
	Reached	1	1	1	2	5
	Percentage of PWD against Project Total 1%					

5.1 Comments for People Targeted *

Targets were set using preliminary estimates prior to the collection of comprehensive displacement and damage data; despite this, interventions exceeded the planned reach.
 Host communities not reached as originally planned - this resulted from the nature of the displacement and the registration approach used:

- People were displaced in situ, into evacuation centres, or into host households.
- Shelter assistance was targeted strictly through the Housing and Building Damage Assessment (HBDA) and associated damage categories. None of the households that met the HBDA criteria for shelter repair happened to be host households.
- For CCCM, assistance was provided to those in conditions of displacement, where “displaced” and “host” communities were not distinctly separable in practice. As a result, host community figures did not emerge as a separate target group in reporting.

6. People Indirectly Reached

6.1 Estimate on people indirectly reached

Targeted	2,435	Reached	9,980
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6.2 People indirectly reached by the project

People indirectly reached by the project totalled 9,980. This includes approximately 1,980 individuals who were tracked but returned home prior to requiring assistance and approximately 8,000 residents of the high risk flash flooding zone who were beneficiaries of DECM Cluster evacuation planning and awareness support.

7. Locations

	Targeted		Reached	
People per Sector	Camp Coordination and Camp Management			
Shefa	100 %	500	100 %	520
	100 %	500	100 %	520

People per Sector	Shelter and Non-Food Items					
Shefa	100	%	500	100	%	595
	100	%	500	100	%	595

Comments on People Reached

In both CCCM and Shelter/NFI interventions, the people reached exceeded the targeted number, indicating that effective displacement tracking, coordinated delivery of assistance through the DECM Cluster and shelter program were able to reach a greater number of people in need after the earthquake.

Comments on Budget

The budget was used efficiently, enabling partners to maximize reach and slightly exceed the planned targets without additional resources.

	Targeted			Reached		
Budget per Sector	Camp Coordination and Camp Management					
Shefa	100	%	78,000.05	100	%	78,000.05
	100	%	78,000.05	100	%	78,000.05
Budget per Sector	Shelter and Non-Food Items					
Shefa	100	%	222,000.13	100	%	222,000.13
	100	%	222,000.13	100	%	222,000.13

Programming and Implementation

8. Effective Programming

8.1 Effective programming *

The project applied a targeted and inclusive approach to ensure appropriateness and effectiveness. Beneficiaries were identified in coordination with the NDMO and community leaders, prioritizing earthquake-affected households with specific vulnerabilities, including households with persons with disabilities. Following initial assessments confirming that NFI needs had largely been met, the intervention shifted to a cash-based modality to address the more urgent need for emergency shelter repairs. Market assessments confirmed the availability of essential building materials, validating this approach.

CERF funds were deployed as soon as the damage assessments and household verification process were completed, ensuring that resources were used effectively and reached the intended beneficiaries. Complementary funding from ECHO was leveraged to cover subsequent phases of the assistance package, ensuring a coherent and efficient response while preventing duplication. This created clear complementarity between funding sources, with CERF addressing immediate gaps and ECHO sustaining support thereafter.

To guarantee quality and accountability, IOM and VRCS engineers provided on-site technical supervision and monitoring during repair work. A post-distribution monitoring survey confirmed that the majority of households were able to carry out safe and durable repairs. Community meetings and feedback mechanisms were used to inform beneficiaries of entitlements and to capture and respond to concerns, ensuring transparency and accountability throughout the response.

8.2 Protection Budget Value and People Reached

Sector Name	Sector Budget		Protection Budget Percent	Protection Budget Value	Protection People Targeted
Camp Coordination and Camp Management	78,000.05	Targeted	20.00	15,600.01	50
		Reached	20.00	15,600.01	520
Shelter and Non-Food Items	222,000.13	Targeted	20.00	44,400.03	50
		Reached	20.00	44,400.03	595

8.3. Comment on the Protection Budget Value

For CCCM:

The protection budget supported tracking of disaggregated data on vulnerable populations, and reporting of protection and GBV concerns in displacement sites. It enabled referrals through the Gender and Protection Cluster, including follow up site visits to address reported incidents, and addressed safety risks by providing solar lighting to affected centres and host households.

For Shelter / NFI:

Protection was fully mainstreamed across the intervention, ensuring that all 595 individuals (119 households) benefitted from safe, accountable, and inclusive assistance. Dedicated resources covered staff time for community engagement, information-sharing, technical guidance, and on-site monitoring to ensure safety, dignity, and accessibility for all groups, including female-headed households, older persons, persons with disabilities, and households with young children. Post-Distribution Monitoring confirmed the effectiveness of these measures, with 100% of beneficiaries satisfied with the process, 97% feeling safe at the distribution point, and 93.48% reporting no risks before, during, or after receiving assistance.

Protection budget value and variance in people targeted/reached

- The indicator excludes mainstreamed protection.
- In CCCM, protection engagement centred on safety in evacuation centres, monitoring vulnerable cases, and generating protection referrals through DTM.
- Shelter assistance was delivered based on HBDA verified damage and vulnerability criteria, not protection specific targeting.
- Because these protection activities were embedded within CCCM and shelter delivery (but not separate targeted protection interventions) the variance between planned figures and those reached reflects the limited number of cases requiring dedicated, targeted protection support, rather than a gap in mainstreamed protection actions.

8.4 Protection from GBV Budget Value and People Reached

Sector Name	Sector Budget		GBV Budget Percent	GBV Budget Value	GBV People Targeted
Camp Coordination and Camp Management	78,000.05	Targeted			
		Reached	20.00	15,600.01	520
Shelter and Non-Food Items	222,000.13	Targeted			
		Reached	20.00	44,400.03	595

8.5. Comment on the Protection from GBV Budget Value

N/A

8.6. Gender Equality Budget Value and People Reached

Sector Name	Sector Budget		Gender Equality Budget Percent	Gender Equality Budget Value	Gender Equality People Targeted
Camp Coordination and Camp Management	78,000.05	Targeted		0.00	
		Reached	0.00	0.00	0
Shelter and Non-Food Items	222,000.13	Targeted		0.00	
		Reached	0.00	0.00	0

8.7. Comment on the Gender Equality Budget Value

N/A

8.8. Disability Budget Value and People Reached

Sector Name	Sector Budget		Persons with Disabilities Budget Percentage	Persons with Disabilities Budget Value
Camp Coordination and Camp Management	78,000.05	Targeted		0.00
		Reached	0.00	0.00
Shelter and Non-Food Items	222,000.13	Targeted		0.00
		Reached	0.00	0.00

8.9. Comment on Disability Budget Value and People Reached

N/A

9. Funding

Total CERF funds sub-granted to implementing partners:								155,935.00	
International NGO								0.00	0 %
National NGO								0.00	0 %
	WLO		RLO		YLO		OPD		
	0.00	0 %	0.00	0 %	0.00	0 %	0.00	0 %	
Others / Government								0.00	0 %
Private Contractor								0.00	0 %
Red Cross/Red Crescent Society								155,935.00	52 %
UN and IOM								0.00	0 %

10. Sub-Implementing Partners							
Partner Name	Partner Type	Budget in US \$	Expenditure in US \$ 3rd Financial Report	Date of First Payment to Implementing Partner	Start Date of CERF Funded Activities	Activities	Comment (mandatory if 15% variance)
Vanuatu Red Cross Society	Red Cross/Red Crescent Society	155,935	155,935	15-May-2025	13-May-2025	Shelter and Non-Food Items Activity 1.2.1 Conduct market assessment for CVA... Activity 1.2.2 Provision of CVA to identified beneficiary households... Activity 1.2.3 Conduct CVA Post Distribution Monitoring among sampled recipient households...	The start of implementing partner activities was delayed as the Housing Building Damage Assessment (HBDA), which served as a critical basis for targeting, was only published on 31 March 2025. While CERF cash disbursements to beneficiaries were successfully completed in mid-June 2025, the IP agreement was extended until 5 September 2025 to enable adequate follow-up, provision of technical support, and monitoring of cash utilization.
Total		155,935.00	155,935.00				
Latest Financial Report Expenditure			156,915.00				
Comment: Briefly describe the reason for invalid date inputs							
Delays in cash assistance rollout were caused by: <ul style="list-style-type: none"> ☐ Late execution and release of Housing Building Damage Assessment (HBDA) results. ☐ Data-sharing delays due to privacy protocols between UNDP and VRCS. ☐ Time required by Shelter Cluster to design appropriate cash packages. ☐ VRCS field verification identifying missed beneficiaries and initiating a grievance process. ☐ Government requests for additional shelter response documentation. ☐ Delays in demolition preparations for the Ministry of Lands and Resources building, affecting the Sokapo community's relocation timeline. 							

11. Cash and Voucher Assistance (CVA)					
11.1 Cash					
CVA Type	Cluster/Sector	Planned People Targeted	People Reached	Total planned transfer amount	Total amount transferred info
Sector-specific unconditional cash transfers	Shelter and Non-Food Items	500	595	125,706.00	120,103.00
11.2 CVA Total People Reached		Targeted	500	Reached	595
11.3 Comments on the Reached people" (mandatory if variance is more than 15%)					
<p>Of the total Shelter/NFI budget, 73% of the funds are related to providing beneficiary services (CVA, community outreach, technical support). Of those funds, USD 120,103 was utilized for cash and voucher assistance (CVA), representing an increase from the USD 80,000 initially allocated for direct CVA and Shelter/NFI assistance in the original budget.</p>					

