

**AHP** Australian Humanitarian Partnership

# AHP Humanitarian Response Update

January 2021-June 2022



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This report was developed by the Australian Humanitarian Partnership (AHP) Support Unit, drawing on humanitarian response reports submitted by the AHP lead Australian NGO partners for the period January 2021-June 2022. An update on the 2021-22 progress of the AHP Disaster READY program is provided in a separate report.

For further information on the AHP or the Disaster READY program, please visit the AHP website ([australianhumanitarianpartnership.org](http://australianhumanitarianpartnership.org)) or contact the AHP Support Unit at [supportunit@ahpsu.com](mailto:supportunit@ahpsu.com).

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*Cover image: Florence harvests eggplants grown in her garden in Western Province. Through the Australian Humanitarian Partnership's COVID-19 response in Solomon Islands, Save the Children, in partnership with the Ministry of Agriculture and Livestock, provided vegetable seeds to Florence's community to improve food availability and nutrition during the pandemic. Credit: Collin Leafasia/Save the Children Solomon Islands*

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## ACRONYMS AND ABBREVIATIONS

<b>AHP</b>	Australian Humanitarian Partnership
<b>AUD</b>	Australian dollar
<b>CAN DO</b>	Church Agencies Network – Disaster Operations
<b>CSO</b>	Civil society organisation
<b>CVA</b>	Cash and voucher assistance
<b>DFAT</b>	Department of Foreign Affairs and Trade
<b>FSL</b>	Food security and livelihoods
<b>GBV</b>	Gender-based violence
<b>IDP</b>	Internally displaced person
<b>IEC</b>	Information, education and communication
<b>LGBTIQ+</b>	Lesbian, gay, bisexual, transgender, intersex, queer and other diverse identities
<b>NGO</b>	Non-government organisation
<b>OPD</b>	Organisation of people with disabilities
<b>PNG</b>	Papua New Guinea
<b>PPE</b>	Personal protective equipment
<b>RCCE</b>	Risk communication and community engagement
<b>SOGIESC</b>	Sexual orientation, gender identity and expression and sex characteristics
<b>TC</b>	Tropical Cyclone
<b>WASH</b>	Water, sanitation and hygiene
<b>VAHSI</b>	Vaccine Access and Health Security Initiative

# INTRODUCTION

COVID-19 continued to define the work of AHP in 2021 and 2022, as the partnership responded to case surges in several Pacific and Southeast Asian countries, as well as the ongoing economic impacts of closed borders and lockdowns.

Some Pacific countries that had avoided outbreaks in 2020 through border closures were hit with new, more contagious variants in 2021, putting pressure on health systems and increasing the need for psychosocial support, food security initiatives, livelihoods assistance, cash and vouchers, remote education and WASH. Simultaneously, movement restrictions and lockdowns forced partners to innovate in delivering their programs to reach communities in need.

As vaccinations became available across the region, AHP partners played an active role in national vaccine rollouts, particularly in countries facing high levels of hesitancy, such as Papua New Guinea. Through a mix of in-person, community-based messaging as well as online and mass media campaigns, partners sought to quell conspiracy theories and misinformation, while supporting national governments and health services in their vaccination efforts.

Disasters, displacement and economic crises continued in the shadow of the pandemic: partners responded to another set of devastating floods in Timor-Leste in April 2021, while new activations in Jordan and Lebanon commenced to support the ongoing needs of Syrian refugees. In Fiji, the response to Tropical Cyclone Yasa (December 2020) continued, while a new long-term response was established in Vanuatu to support the ongoing recovery from Tropical Cyclone Harold (April 2020).

The eruption of the Hunga Tonga – Hunga Ha’apai Volcano, and subsequent tsunami, in February 2022 had regional ramifications, and AHP partners commenced a recovery response focused on education, livelihoods, WASH, as well as longer-term resilience programming.

Russia’s invasion of Ukraine in February 2022 also led to the commencement of the first AHP response in Europe, as the Australian Government contributed \$10 million through the AHP to focus on protection, gender-based violence, psychosocial support and education, as part of a larger humanitarian and military commitment. Partners are working with displaced Ukrainians both inside the country and in neighbouring Moldova and Romania.

Protracted crisis responses continued in Bangladesh, Myanmar and Iraq, with partners adapting their activities to proceed despite changing COVID-19 restrictions, particularly in displaced persons camps. The flow-on effects of the Ukraine war, particularly on food prices, is an emergent pressure.

The AHP itself reached a milestone during this reporting period: the end of Phase I, in January 2022, and the commencement of Phase II. Following the positive Mid-Term Evaluation of the program in 2020, work commenced on a design refresh in the second half of 2021. After extensive consultation, the new Investment Design Document was approved by DFAT in March 2022, officially extending the program for a further five years.

As part of the new arrangements, reporting is shifting to a financial year cycle, thus this ‘annual’ progress report covers an 18-month period to facilitate this transition.

The AHP ANGOs, their national offices, and local implementing partners across the various countries where we work have continued to be the backbone of the program, strengthened through collaboration and partnership.

Through their efforts in an increasingly complex space where disasters and crises are occurring at escalating frequency, our partners have continued to demonstrate their commitment to humanitarianism, representing Australia’s compassion for countries and peoples in crisis, and delivering effective support. The role of local responders has only grown stronger during the pandemic, and we particularly acknowledge the deep expertise and contribution of locally-based humanitarians.

We thank all our partners and collaborators for their continued efforts and hope this report captures the achievements they have made in supporting response and preparedness over the past 18 months.

## ABOUT THE AHP



The Australian Humanitarian Partnership was established in 2016 to provide a funding mechanism between the Department of Foreign Affairs and Trade (DFAT) and six selected Australian Non-Government Organisations (NGOs) for timely and efficient responses to and recovery from rapid onset and protracted crises.

Since then, the Partnership has delivered 48 humanitarian responses across the globe with over 9.6 million people projected to be reached.

In disaster response, the AHP uses Australian Government resources to leverage NGO networks and expertise to deliver effective humanitarian assistance. In the wake of crises to which Australia is responding, the partnership selects the best placed NGOs to assist those in need, in the most timely, cost efficient and effective way.

The six lead Australian NGOs are: CARE Australia; Church Agencies Network Disaster Operations (CAN DO), under the lead of Caritas Australia; Save the Children Australia; Oxfam Australia; Plan International Australia and World Vision Australia.

In addition, the AHP also implements Disaster READY, a disaster preparedness program in PNG, Vanuatu, Solomon Islands, Fiji, and Timor-Leste. Details on Disaster READY will be reported separately in the Disaster READY Annual Progress Report 2021-22.

The Partnership is administered by a contracted Support Unit (the AHPSU) which acts as a bridge between DFAT and the six ANGOs. The Support Unit is delivered by aid contractor Alinea International.

*Image: Youth attending the Presbyterian Church of Vanuatu National Youth Convention at Liro village on Paama in Vanuatu hold COVID-19 prevention signs utilising theological messaging, developed by the Vanuatu Christian Council.  
Credit: John Warren Tari/Vanuatu Christian Council*



# OUR FIRST FIVE YEARS: REFLECTING ON AHP PHASE I

The report coincides with the end of the first phase of the Australian Humanitarian Partnership (2017-2022), and beginning of a new five-year phase. A full listing of AHP activations that have taken place in Phase I is contained in the Annexe to this report. The below infographic summarises the key numbers and achievements over the first five years of the Partnership.





## Fast facts – five years of AHP

# 165

### grants

have been administered by the AHP Support Unit over the first five years of the program.

# 65%

### grants with a significant focus on protection

Protection is by far the most common sector supported through AHP responses, with some 65% of grants issued having a significant protection focus.

# 10

### CVA responses

These grants have included cash and voucher programming (CVA), supporting recipients to meet their direct needs in a timely and empowered way.

# 60%

### grants with a significant focus on WASH

Water, sanitation and hygiene activities are the second most common sector supported through AHP responses.

# 3

### Volcano responses

While volcanoes are among the rarest type of response for AHP, three volcanic events required support: Ambae in Vanuatu, ashfall from the Tanna volcano in Vanuatu, and the Hunga Tonga-Hunga Ha'apai eruption.

# 388,729

### pieces of personal protective equipment (PPE)

distributed through AHP COVID-19 responses.

## A note on how we calculate beneficiary numbers

Beneficiary numbers are provided by partners and collated at the whole-of-activation level. Due to the growth in risk communication and community education (RCCE) approaches during the COVID-19 pandemic, which primarily involve targeted one-way communication with communities and audiences, the AHP Support Unit takes 40% of reported RCCE numbers as proxy for beneficiaries, based on an assumption that only around 40% of a one-way audience will be engaged with and absorbing the information transmitted by partners. The 40% figure is an estimate based on an analysis of current research on media consumption and audience engagement.

Thus all beneficiary numbers (both projected and reached) in this report are the sum of direct beneficiaries, and 40% of RCCE audience in activations with a significant RCCE component (predominantly the case in COVID-19 activations).

*Photo: Rohingya students receive lessons at one of Save the Children's Temporary Learning Spaces in Baw Du Pha IDP camp in Rakhine state in Myanmar, supported by AHP. In November 2021, Save the Children was able to reopen Temporary Learning Centres in IDP camps in line with government regulations. Credit: May Zel Tin Win / Save the Children*



## LOCALISATION



*Photo: Locally-constructed handwashing stations in Kiribati used in the AHP COVID-19 response. The handwashing stations were positioned in community centres, and constructed by youth groups and Kiribati Institute of Technology students.  
Credit: Childfund Kiribati*

The AHP has always had a focus on locally-led humanitarian response, but the impact of COVID-19 further emphasised the importance of this work. With some Pacific countries maintaining closed international borders until mid-2022, the work of local NGOs and responders has been crucial in supporting communities grappling with disaster and the humanitarian impacts of the pandemic.

Localisation is enshrined in the Grand Bargain 2.0, an international commitment from some of the world's largest donors and humanitarian agencies to improve the effectiveness and efficiency of humanitarian action.

In the AHP, ANGOs work with a range of local partners in-country, including their own national offices, national NGOs, civil society organisations, disabled persons organisations and government at all levels to implement their responses. This commitment to localisation has been further emphasised in the updated design for AHP Phase II, in particular for Disaster READY countries and through the program's enhanced learning agenda, but also more generally within activations.

### Localisation in action

In **Solomon Islands**, local partners worked closely with the Ministry for Agriculture and Livestock in their food security activities, ensuring that farmers were also being linked to the range of government services available, while also supporting government during a time when extension services were stretched due to the pandemic.

In **Timor-Leste**, Ra'es Hadomi Timor Oan (RHTO) was supported to build the capacity of other national partners on inclusion, identifying people with disability through the Washington Short Set questions and installing inclusive infrastructure.

In **Vanuatu**, through the blockchain-based e-voucher program Unblocked Cash, a number of local partners were trained in the use of digital cash and voucher systems, to support future humanitarian responses. Steps are also being taken to advocate for and support the government taking over the platform, and integrating it into its social protection system.

The **Tonga, Samoa and Tuvalu** COVID-19 responses were led by local organisations, due to a lack of international or Australian NGO offices in country, with remote support from ANGO partners.



## SOCIAL INCLUSION

Through all AHP responses, social inclusion and targeting those most vulnerable to the impact of crises is a core focus of partners' work. In line with the wider focus of Australia's aid program, inclusion, empowerment and voice for women and people with disabilities is a particular emphasis in programming. Partners also undertake inclusion activities targeting children, the elderly, youth and adolescents, pregnant and lactating women, the LGBTIQ+ community, Indigenous or marginalised minorities and those facing other vulnerabilities.

In a number of responses, AHP NGOs partner with local civil society organisations, including women's groups and organisations of people with disability (OPDs), to ensure participation and increase the technical expertise of partners in inclusion. These groups have been instrumental in ensuring responses, particularly recent COVID-19 activations in the Pacific, are reaching target populations and meet the needs of women and people with disability.

Throughout this report, we have included the percentage of women, children and people with a disability reached by each activation, highlighting this commitment to inclusion. A number of case studies on the following pages and further throughout the report provide examples of work to ensure inclusion for all.

*Image: San Isidro Care Centre student Hilda, 29, working in the garden. More than 44 students at San Isidro, a training centre for young adults with disabilities in Northwest Guadalcanal, Solomon Islands, undertook food security and livelihoods training with the support of the Australian Humanitarian Partnership through Caritas Australia. Credit: NN Media/Caritas Australia*





## Gender case study: getting more girls in the classroom

In Myanmar, AHP partners are working to increase the involvement of women and girls in schooling, including in teaching. For 20-year-old Ma Khaing\*, becoming a teacher has always been a dream. Both her father and brother work as volunteer teachers in the internally displaced persons (IDP) camp where her family resides in Rakhine state, Myanmar, and Ma Khaing wanted to follow in their footsteps.

But displacement and poverty have created roadblocks for Ma Khaing's own education. While she completed most of primary school before her family were displaced, then finishing grades five and six in the Nget Chaung 1 camp before attending high school in Sittwe, family finances meant she had to drop out in ninth grade.

As a member of Nget Chaung 1 camp Youth Development Group and Women's Development Group, established by AHP partner Lutheran World Foundation, Ma Khaing heard of a new AHP-supported project looking for female assistant teachers.

She decided to take a chance and apply.

Empowering more girls to attend school is an important part of Ma Khaing's new role. When female students see more female teachers, it encourages them to stay in school and helps them feel safe and protected, she said.

"I work at my best to make schooling enjoyable, and to act as a role model for girls' education, and contribute to creating an inclusive education for all children with disabilities," she said.

There is vast untapped potential among women and girls in IDP camps, but barriers, such as those faced by Ma Khaing in completing high school, reduce employment, education and training opportunities. This divide begins in the classroom: based on 2021-2022 student enrolment data from Pauktaw IDP camp, male students (54.7%) continue to outnumber female students (45.3%) in the camp's learning spaces and schools.



*Image: Assistant teacher Ma Khaing (centre) with two students with disabilities that she supports to go to and from school each day. Credit: Shwe Eain Thu/LWF*

Evidence from AHP partners suggests an ongoing and significant disparity in enrolment numbers between Rohingya girls and boys.

Through the AHP Education in Emergencies response in Myanmar, the hiring and training of more women for the teaching workforce is a priority. Other initiatives include scholarship opportunities for female students, peer-to-peer networks for female teachers, and interventions to boost women's participation in employment and education.

*\*Name changed.*

## Disability case study: inclusive early childhood education



Nurul Alam and Mina Akter didn't know what the future would hold for their baby son, Nurul Afser, when they noticed he was unable to control his leg and hand muscles and wasn't learning to speak.

Despite living in a poor and remote village in Cox's Bazar, **Bangladesh**, Afser's parents took him to many doctors, hoping that their child could access treatment. He was eventually diagnosed with cerebral palsy, a group of disorders that affect a person's ability to move and maintain balance and posture.

For Nurul Alam, improving Afser's condition became his number one focus.

"I stopped engaging in all other activities and started spending all my time on my beloved son. What did I not do for my child? I even visited religious leaders with the hope that some miracle would happen! But eventually all my hopes were fading, and we became depressed," he said.

Through the support of Australian Humanitarian Partnership (AHP) NGO World Vision, the family have been able to gain life-changing support for Afser. Now six years old, he is thriving, after enrolling at an inclusive AHP-supported early childhood development centre and accessing physiotherapy.

Afser's parents also received psychosocial support and positive parenting sessions. World Vision's technical partner, Centre for Disability in Development (CDD), taught them physiotherapy exercises.

"After learning the therapy exercises for Afser, I ensured we did it three times daily, and decided to send my son to the Early Childhood Development Centre," said Mina Akter, Afser's mother.

Afser enjoys playing and interacting with other children at the centre. His physical strength and mental wellbeing is developing day by day. He has started speaking, first with his parents but now with anyone. World Vision provided him with an ankle and foot brace to support his walking and standing, and he can now stroll with the support of a walking frame. He has many friends at the ECD centre, and World Vision will support his enrolment in Grade 1 at a local primary school next year.



# ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Accountability to affected populations reflects an important reform within the international humanitarian system and is a key focus in all AHP activations.

Accountability to affected populations is the process of using power responsibly. It is a commitment by humanitarian actors to take account of, and to be held to account by, the people they seek to assist, to ensure that communities are meaningfully and continuously involved in decisions that directly impact their lives.

The Core Humanitarian Standard includes two commitments directly related to accountability to affected populations:

- Commitment Four ensures that any humanitarian response is based on communication, participation and feedback;
- Commitment Five ensures that complaints are welcomed and addressed.

The below are some examples of how AHP partners have addressed accountability to affected populations through their work.

## Seeking feedback in IDP camps

In Myanmar, AHP consortium partners take community feedback through hot lines, suggestion boxes, a helpdesk, focus group discussions, face to face, SMS/Viber and via the camp coordination and camp management agency. Partners also reached out to communities to guide programming: for example, they surveyed communities about reopening education centres after COVID-19 closures, finding very strong support and widespread concern about the impact of long closures on children's educational outcomes.



## Adapting programming based on community requests

In the Timor-Leste COVID-19 response, four additional savings and loans groups were created after community requests. In Tonga, after community feedback, local partner MORDI Tonga Trust adjusted its rollout of food security activities, responding to community demand for water tanks and providing more gardening supplies up front rather than through phased distributions.



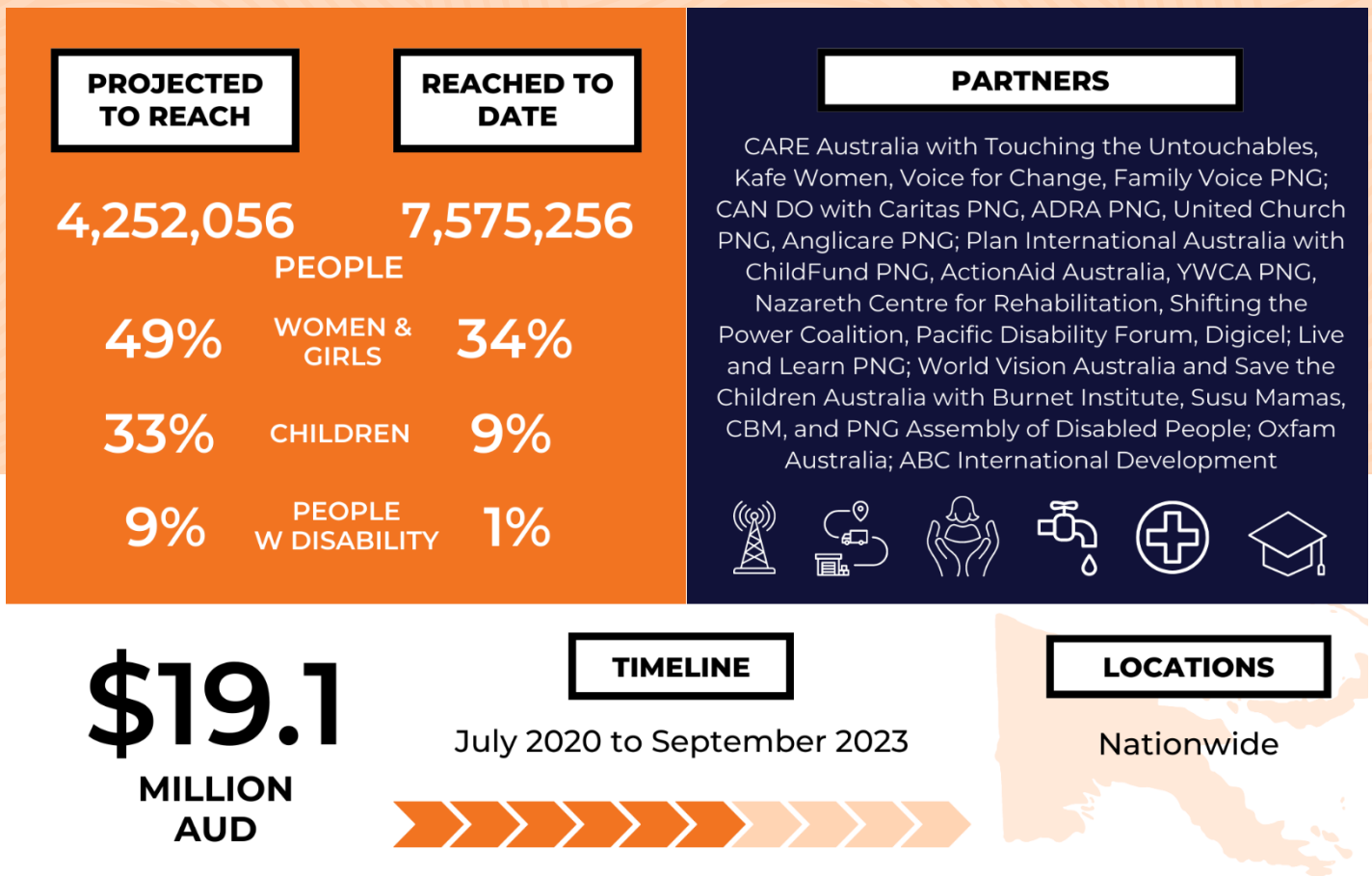
# 1

## Humanitarian responses

New and continuing



## COVID-19 RESPONSE – PAPUA NEW GUINEA



### Context

Papua New Guinea has been significantly impacted by COVID-19 since the beginning of the pandemic. Numerous air, sea and land points of entry reduced the ability to limit transmission; the health system has limited capacity to manage large case numbers; and the population is highly sensitised to risk and disinformation through social media and networks.

Through four phases, the Australian Humanitarian Partnership has responded to COVID-19 in PNG, with three activations currently running simultaneously – responding to the surge in cases, while at the same time supporting the implementation of the national vaccination rollout. Activities across the current programs are spread throughout different areas of PNG, with all six AHP NGOs contributing.

Across the activations, partners are focussing on several key areas. These include enhancing resilience of COVID-19 affected communities against current and future spikes of COVID-19 by improving WASH, food security and livelihoods, responses to gender-based violence, disaster risk reduction and more. Partners are concentrating particular attention on activities including marginalised community members such as women, children and those living with a disability, due to the disproportionate impact the crisis has had on them.

Partners are explicitly tackling vaccine resistance through face-to-face, digital, and mass media campaigns focused on sharing COVID-19 prevention and vaccine information, while debunking misinformation and conspiracy theories.

## Response highlights



### Improved WASH facilities

Highlighted through needs assessments, community access to appropriate WASH facilities was one of several high priorities. Despite challenges of COVID-19 restrictions and logistical constraints, AHP partners have significantly progressed WASH activities, particularly in Western Province and Bougainville.

Save the Children has reached more than their estimated target for school and other community spaces. This includes installing 450 handwashing stations in 119 schools and 42 community public places, such as churches and markets. The installed handwashing facilities and hygiene messaging benefitted an estimated 365,644 people (54% women, 42% children and 4% people with disabilities) across its operational areas. World Vision has supported schools and health care facilities around South Fly and Middle Fly with the construction of eight inclusive toilet facilities, seven water supply systems, ten incinerators and the installation of 22 handwashing stations. Facilities were designed to be accessible, suitable, and safe for vulnerable groups, including people living with disabilities, women and girls.



### Promoting disability inclusion

In partnership with the Eastern Highlands Disabled Persons Organisation, Oxfam conducted several disability inclusion sessions with District Officials. This has led to better consideration of people with different abilities in WASH infrastructure projects. Additionally, Oxfam has integrated disability inclusion into its awareness activities to sensitise communities and government officials on disability inclusive information, aligning with the roll out of the PNG Government's Gender Equity and Social Inclusion Policy.



### Food security for remote communities

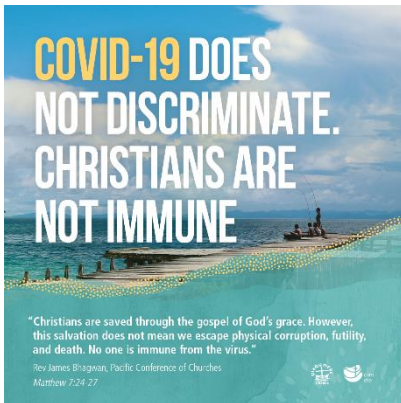
In Papua New Guinea's Western Province, people along the Binaturi and Oriomo river systems travel 2-6 hours by boat to the provincial capital, Daru, to access services and markets, but movement was restricted by the pandemic. ADRA PNG worked to improve the resilience of these communities through food security, livelihoods support, improved nutrition, and disaster risk reduction (DRR) programs. Activities included the development of seed multiplication and distribution gardens, also used as sites for training. Some 95 participants in the training sessions so far have been equipped with knowledge and skills on improved farming techniques, how to grow climate smart crops, nutrition, and crop processing, as well as disaster preparedness. Since the training sessions, communities have increased the number of seed multiplication and distribution gardens in their respective areas, improving access to high yielding, climate smart and disease-free seedlings.



### Women's leadership on vaccination uptake

As partners were working to support the national vaccine rollout, data showed that women were lagging nationally on vaccine uptake. The *Meri Gat Pawa Meri Gat Infomesen* program is driven by women leaders in PNG in partnership with multiple local and regional organisations, and supported through the AHP response. Partners researched and assessed prevailing community attitudes towards COVID-19 prevention and vaccine uptake, particularly among women, and tailored messaging to address knowledge gaps and misinformation in relation to both the virus and vaccines. Working with Digicel, *Meri Gat Pawa, Meri Gat Infomesen* developed a series of SMS messages on COVID-19 and vaccines. Digicel pushed the messages out via SMS to its users in PNG, reaching millions.

## Changing minds on the COVID-19 vaccine, online and face-to-face: AHP vaccine hesitancy work in Papua New Guinea



### Unified, faith-based messaging

*"The pastors were teaming up with the doctors and community health workers and they were going out together as a team ...the health workers brought the vaccines with them, at the end of some of those sessions they were able to vaccinate some people on the spot following the community sessions here."*  
– Julius Nohu, Caritas PNG

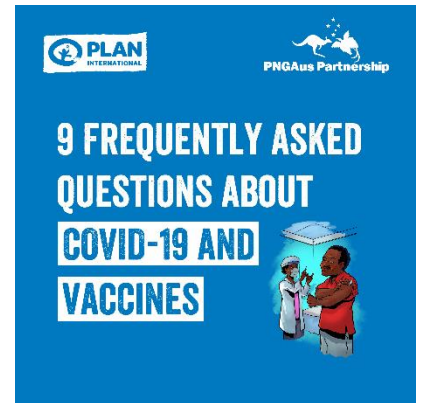
Through the AHP response, CAN DO in partnership with ABC International Development is focused on working with Provincial Health Authority staff, religious leaders and communities to address mis-information surrounding COVID-19 vaccines through a theological approach. Before beginning interactive sessions in communities, work was required to bring community leaders, including faith leaders and health workers, together to agree on the information to be shared in relation to the COVID-19 vaccines. CAN DO and ABC International Development brought representatives from 42 church partners together with Provincial Health Authority staff to agree on the messaging and format of community sessions.



### Fighting fear with medically-backed information

*"Health professionals have been vaccinating kids all their working lives. Now they were suddenly required to vaccinate adults and I believe they were not always seeing the connection between childhood vaccine programs and the COVID-19 vaccine,"* – Patricia Aisi, World Vision PNG

Based in Kiunga in the North Fly District of PNG's Western Province, World Vision PNG staff members Patricia Aisa and Dr Sonia Madjus lead community outreach sessions and health worker training to address some of the fear and misunderstandings around the COVID-19 vaccine. The World Vision PNG team is participating in health patrols with the Provincial Health Authority and church health service providers, as well as providing logistics and other support. The health patrol teams have sometimes been met with resistance, something they never experienced before COVID-19, as some communities were afraid they would be forced to be vaccinated.

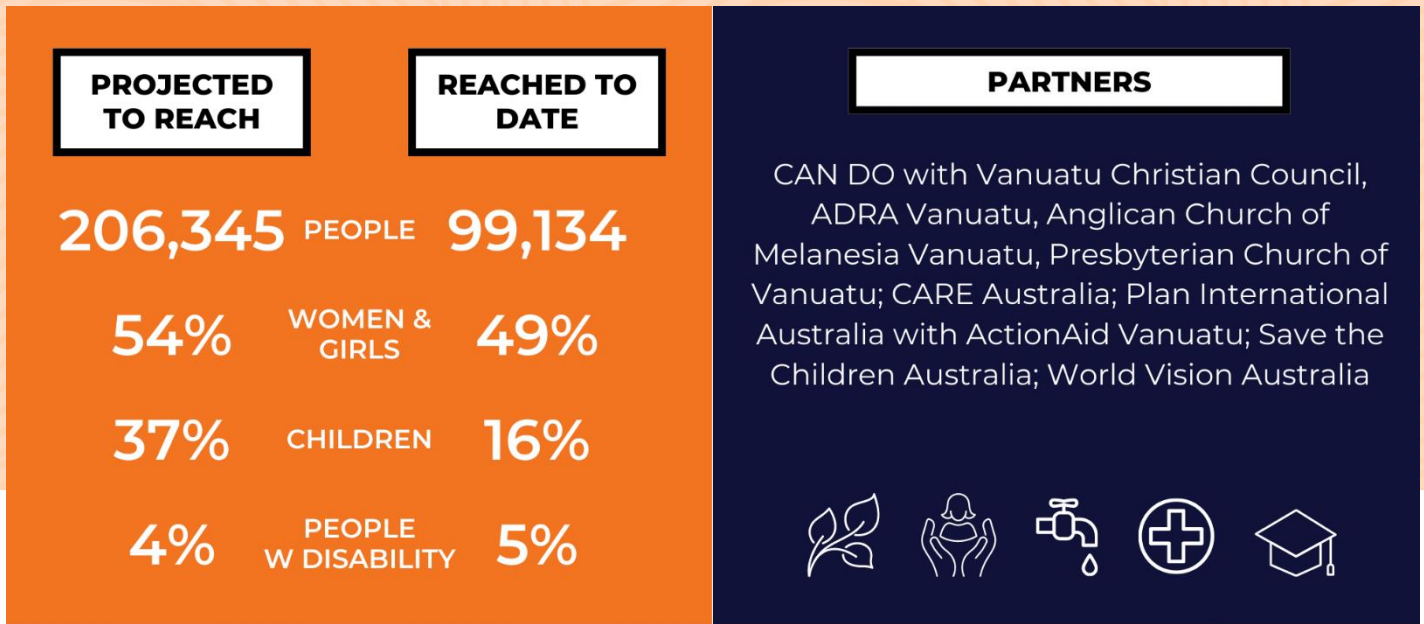


### Combatting online misinformation

*"Although the first phase of the campaign wasn't the most pleasant to have to moderate, what it did do was give us an opportunity to see what type of mis-information was trending in PNG and to observe the frequent questions that people raised. Then we were able to produce content that addressed these issues,"* – Catherine Caton, Plan International Australia

Online mis-information spread through social media was a significant driver of vaccine hesitancy in PNG. AHP partner, Plan International Australia (PIA), worked to combat fake news in PNG with facts via a digital campaign. The campaign, which reached over a million Papua New Guineans, focused on correcting mis-information and connecting people to credible sources. Real time analysis of social media data, including reach, demographics and engagement via comments on the campaign posts, allowed the PIA team to adjust messaging in-line with commonly asked questions and frequently posted mis-information.

## COVID-19 RESPONSE – VANUATU



**\$7.8**  
MILLION  
AUD

### TIMELINE

July 2020 to March 2024



### LOCATIONS

Malampa, Penama,  
Sanma, Shefa, Tafea,  
Torba

### Context

Between 2-9 April 2020, Tropical Cyclone Harold – a category 5 storm – hit Vanuatu and other Pacific nations, causing widespread damage. In response to the compounding effects of both COVID-19 and TC Harold on the country, the Australian Humanitarian Partnership responded with a \$5.5 million activation. The program focussed on food security, economic impacts, and other stresses, which further resulted in increased violence towards women and children. Implementing partners supported local communities, local partners, and Government authorities to lead localised and community-based actions to increase community resilience to COVID-19 outbreaks and other disasters.

On 5 March 2022, Vanuatu announced its first case of COVID-19 community transmission. As of 18 March 2022, there had been a total of 753 confirmed cases. As a result, Vanuatu was immediately placed into lockdown. Due to initial programming ending in March 2022, the Australian government invested a further \$2.3 million to provide emergency response to the Vanuatu COVID-19 community outbreak and COVID-19 vaccine rollout. This current activation focuses on utilising AHP partners' existing relationships with the Ministry of Health, Provincial Health authorities and target communities.

Implementing partners are supporting communities with COVID-19 safe messaging, distribution of food and non-food items, and protection activities. They plan to target at-risk groups, in particular women, children, and people with disabilities.

Across all six provinces, partners will support the Ministry of Health to increase COVID-19 vaccination coverage: particularly targeting adolescents, remote and disadvantaged populations. This will be achieved through risk communication and community engagement activities, outreach on vaccine uptake and combatting vaccine misinformation in communities, along with logistical and human resources support directly to the Ministry of Health.



## Response highlights



### Financial and business training for women

Partners focussed on empowering women and people with a disability through labour mobility, agriculture, food preparation and financial training. Activities that introduced women to the concept of “agri-business”, and taught them not only how to optimise crop germination, but also about marketing, targeting customers and setting realistic business goals were particularly well received. The promotion of women in business and entrepreneurship and the various savings and financial trainings helped both men and women understand the importance of budgeting, handling expenditures, and saving while providing the means for women to discuss with their husbands the benefits of opening a savings account. Beneficiaries indicated that as a result of training, they had begun saving money for long-term purchases such as ice boxes and solar panels and looked forward to the implementation of savings schemes and village level savings and loan programs in the future.



### Family resilience and child protection

This response had a focus on strengthening family resilience and child protection, especially through the economic and social impacts of COVID-19. Training was provided to seasonal workers and their spouses on how to manage separation – including communication skills, managing finances, and conflict resolution. Key child protection messages were disseminated throughout communities. In the end of program evaluation of the COVID-19 response, beneficiaries indicated that they had a great knowledge of protection mechanisms in their communities, including chiefs, church leaders, as well as women and youth representatives and civil servants, as a result of targeted activities.

Multiple people interviewed for the evaluation indicated that they had a greater understanding of who a child is, children’s rights, that there are laws to keep children safe, how to care for children, and referral pathways if a child is abused or hurt. This increase in knowledge was directly attributed to AHP Child Protection activities.



### Inclusive digital cash transfers

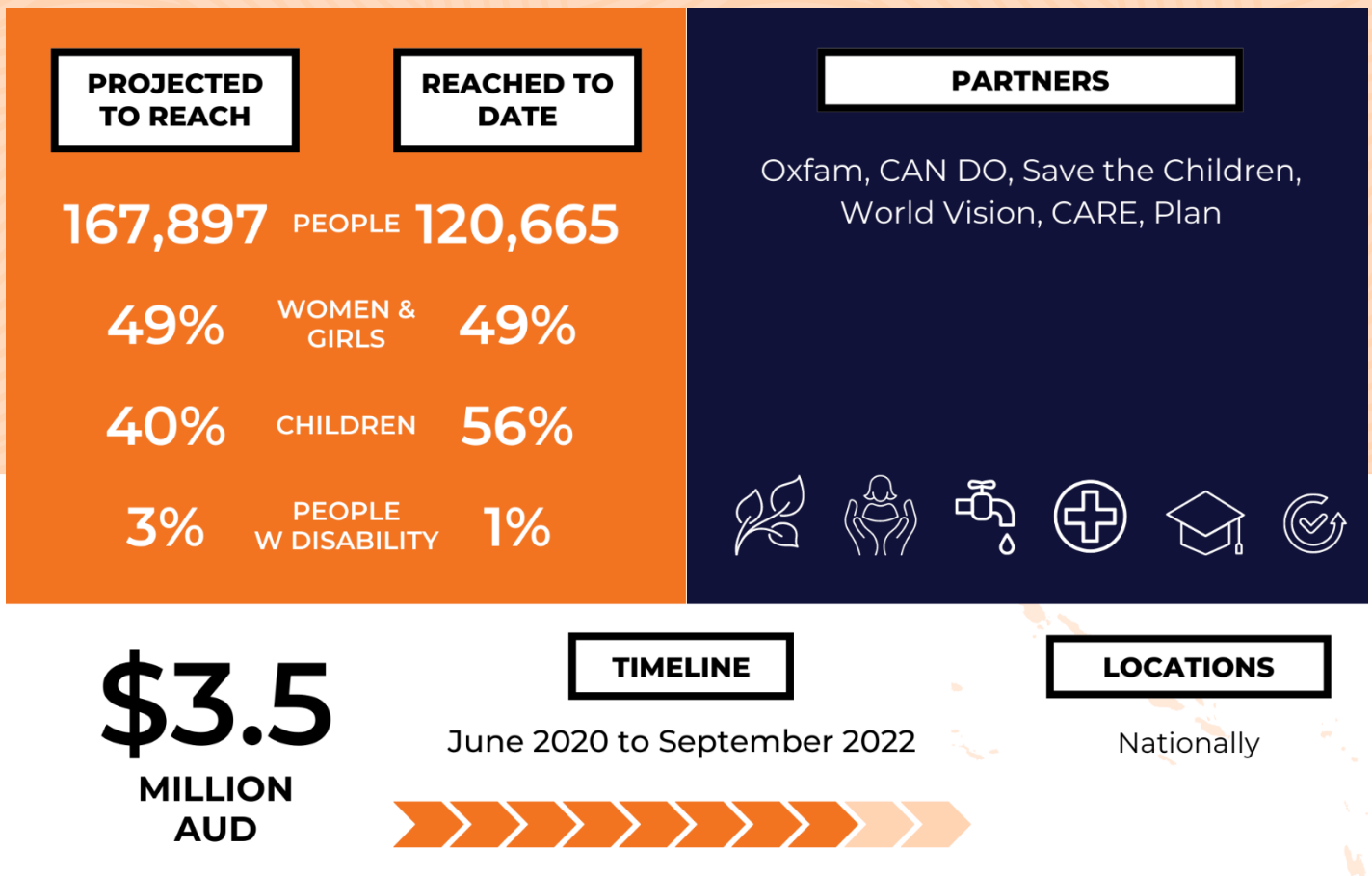
Disability inclusion was a core focus of the Unblocked Cash program, a blockchain-based digital cash program led by Oxfam in Shefa, Sanma and Tafea provinces. The Vanuatu Disability Promotion and Advocacy Association and the Vanuatu Society for People with Disabilities played a key role in ensuring inclusion. As a result, there have been some significant impacts, with a 46% decrease in people with a disability considered to be food insecure, and 54% increase in people with a disability being able to meet their basic needs. Further, stories from the field include positive feedback from vendors on awareness training to meet the needs of disabled clients, and feedback from people with disabilities about how the program has improved their dignity through being able to conduct daily activities that they were previously excluded from, such as shopping trips.



### Evaluation shows positive food security impacts

Save the Children conducted an end of program evaluation of the Vanuatu COVID-19 response. Overall, the activities achieved the broad program goal of contributing to a sustainable impact. The evaluation found that the two main reasons for this were: the significant alignment of AHP programming with Government of Vanuatu objectives; and that program beneficiaries will continue to apply the knowledge, skills, and confidence gained long after program end. Findings suggested that the suite of various food security and livelihood (FSL) programs that were rolled out as part of the AHP COVID-19 & TC Harold response were well conceived and of great and immediate benefit to all participants. FSL programs were sustainable to an extraordinary degree; they empowered women and increased individual and household resilience to future disasters and the negative effects of climate change. However, the evaluation found that the programs did not produce a similarly positive impact for people living with disabilities and suggest increased emphasis on this demographic in future work.

## COVID-19 RESPONSE – SOLOMON ISLANDS



### Context

The Solomon Islands COVID-19 response builds on the resilience of Disaster READY communities to provide support for the COVID-19 pandemic. The focus of activities is on improving food security and livelihoods, access to water, sanitation and hygiene, while also ensuring community capacity, and the inclusion and protection of vulnerable groups when managing COVID-19 related and other risks.

The program is being implemented by all six of the AHP agencies in a consortium model, working with an extensive range of local actors including local government, the biggest church denominations and networks, local non-government organisations, associations and committees representing target groups, and community-based organisations. The program builds upon the partners' extensive experience in disaster risk management in the targeted locations and sectors and the established consortium structure. The consortium ensures value for money through access to shared services, coordination and leveraging of the operational presence and current projects implemented by the partners, including the DFAT-funded regional Disaster READY Program and COVID-19 Pacific Preparedness project.

## Response highlights



### Food security through backyard gardens and nurseries

A key goal of the Solomon Islands Government COVID-19 Economic Stimulus Recovery Package is to promote food security – particularly focussing on staple crops such as root and other vegetables. Together with the Solomon Islands Ministry of Agriculture and Livestock, Ministry of Fisheries, and Farmer Organisations, all implementing partners have been working to establish nurseries and backyard gardens, along with providing tools and training. For example, World Vision has supported 198 households in Malaita, Guadalcanal and Temotu to establish backyard vegetable gardens. Demonstration farms were also established for three communities in Malaita to train on best practices in soil management, vegetable planting and crop diversifications. Basic garden hand tools were provided for 20 communities, and they established 9 new tilapia farms in Malaita, with a further 14 existing tilapia ponds (owned by households) reactivated. Other partners have supported similar initiatives in other provinces, and in the capital Honiara.



### Raising awareness of protection services

The economic, health and social pressures of the pandemic also increased the risks of violence in the home. As part of their COVID-19 Response Plans throughout the 25 communities, Save the Children integrated training with the support of SafeNet partners to build awareness about child protection referral pathways – reaching 2,954 households. Around 2000 posters and brochures relating to referral pathways for child protection and domestic violence were distributed. Communities are now aware of the systems in place for them to report child protection or domestic violence issues.



### Improving WASH facilities and pandemic preparedness

In order to promote community hygiene, WASH and COVID-19 safe practices, partners have continued to establish handwashing facilities and water tanks in schools, churches and communities, and have worked with communities to develop disaster preparedness and response plans.

Through existing and newly formed committees, Save the Children supported 25 communities to develop action plans for COVID-19 through health promotion and the help of Provincial Disaster Operations Committees. This activity re-emphasised previous COVID-19 preparedness activities and assisted the communities to understand both the National and Provincial Disaster Operations Committees roles and responsibilities.



### Increasing partner understanding of inclusion

People with a Disability Solomon Islands (PWDSI)'s partnership with AHP continues to be an integral part of ensuring visibility and representation of people with a disability across programming. PWDSI trained World Vision, Live and Learn and Oxfam on using the Washington Group Questions to identify and prioritise people with disabilities in their targeted activities. Oxfam is also working with PWDSI on further disability inclusion advocacy work and training for AHP partners.

All partners are working with target community leaders, community members and local committees and institutions (such as schools, churches, and village committee groups) to raise awareness surrounding inequality, disability, and gender issues, as well as the different impacts of COVID-19 on women, men, girls and boys and those with disabilities.



## COVID-19 RESPONSE – INDONESIA

### PROJECTED TO REACH

**481,050** PEOPLE

**84%** WOMEN & GIRLS

**7%** CHILDREN

**1%** PEOPLE W/ DISABILITY

### PARTNERS

World Vision Australia with Wahana Visi Indonesia, in consortium with 13 Indonesian NGO partners; CAN DO consortium including ADRA Indonesia, Catholic Relief Services, Church World Services and Maha Bhoga Marga



**\$5**  
MILLION  
AUD

### TIMELINE

November 2021 – January 2023



### LOCATIONS

West and East Nusa Tenggara, Central Sulawesi, North Maluku, Papua

### Context

Indonesia was hard hit by a surge in COVID-19 cases beginning in June 2021, as the rapidly-spreading Delta variant increased transmission, illness and loss of life. By December, the country had recorded well over four million cases of COVID-19 and close to 150,000 deaths, though the real numbers were thought to be much higher.

While vaccination has been increasing steadily in response to the outbreak, in a country with a large, sprawling population, reaching vulnerable groups and communities is an ongoing challenge for health workers.

The pandemic has severely disrupted Indonesia's economy, pushing more people into poverty, and disproportionately affecting marginalised groups. Indicators relating to livelihoods, food security and gender-based violence have all deteriorated since the pandemic began.

The AHP response covers 12 provinces and 56 districts - from Aceh to Papua, with a particularly strong focus on the Eastern islands of Indonesia. It's key goals are supporting the sub-national health response to COVID-19 and building community resilience and will run until early 2023.

AHP partners will strengthen community health capacity and support the rollout of the COVID-19 vaccines, with a particular focus on areas with low vaccine coverage and the inclusion of women and people with disability. Community resilience will be strengthened through psychosocial support and mental health referrals, protection activities, and increasing access to livelihoods for those who have been severely impacted by the economic fallout of the pandemic. Partners will also work with health and faith-based leaders to ensure vulnerable groups are engaged.

## Response highlights



### Support for socio-economic pandemic impacts

To date, the response has directly supported 7,504 people with the socio-economic impacts of COVID-19 through the dissemination of government social protection support, psycho-social training, and gender and disability inclusive messaging on vaccine uptake and preventative measures.



### Faith leaders supporting vaccination uptake

336 faith leaders participated in a COVID-19 Vaccine Channels of Hope 'training of trainers' workshop to deliver inclusive messaging on COVID-19 preventative measures and vaccine uptake, facilitated by World Vision Indonesia faith and development technical specialists and Islamic faith leaders in Palu, Central Sulawesi. Elsewhere, 84 faith and community leaders have actively promoted and disseminated preventative COVID-19 and vaccine uptake messaging with the support of World Vision.



### Inclusive health promotion

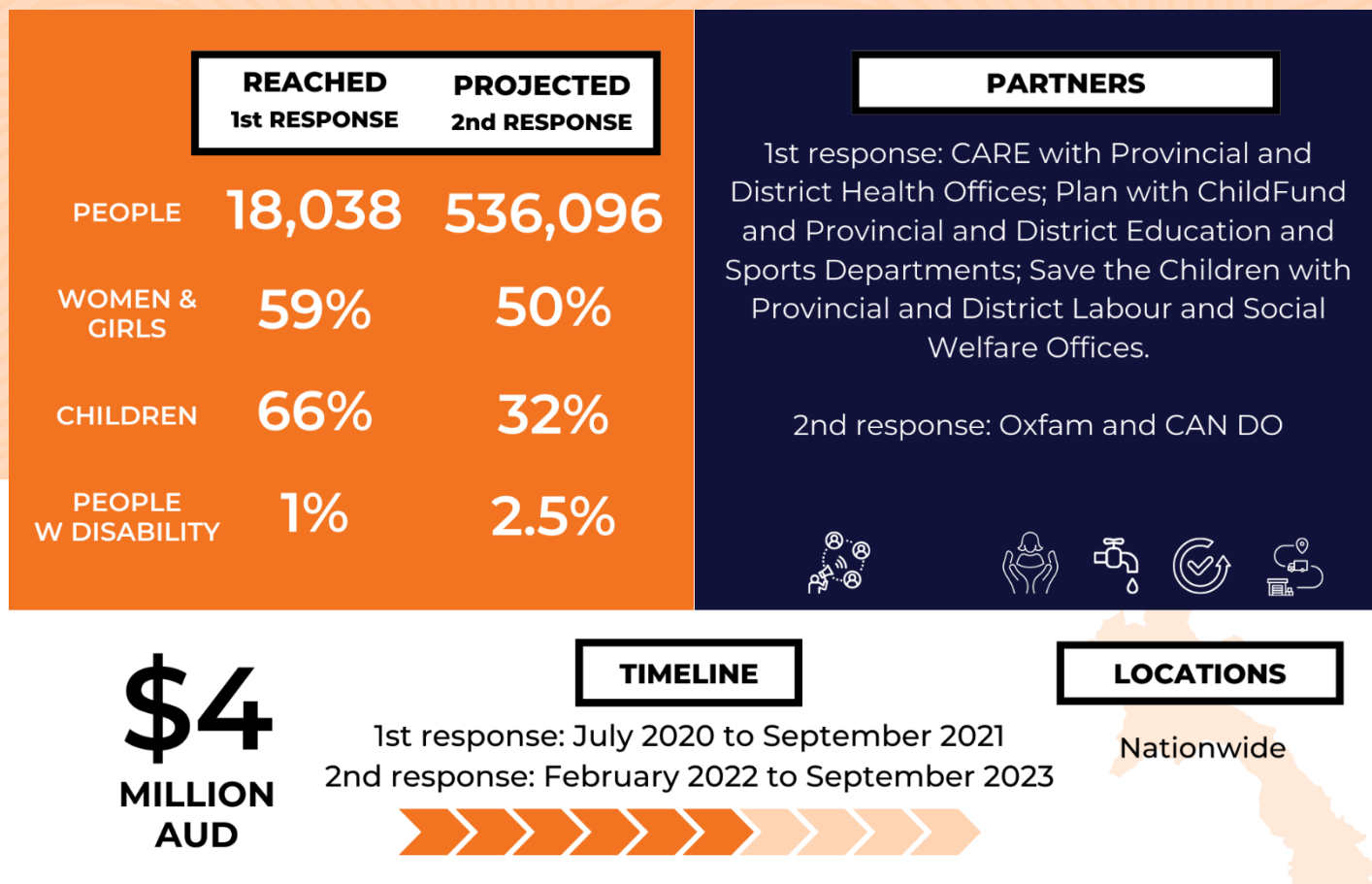
24 representatives from local COVID-19 task forces, civil society organisations, faith-based organisations, and Organisations of People with Disabilities received training on inclusive health promotion and risk communication to build their capacities in testing, tracking and treatment mechanisms, for them to share their knowledge with members of their community, particularly vulnerable population groups.



### Savings association safety nets

Indonesia's COVID-19 outbreak caused a significant disruption to children's education, with many students now more than a year behind from where they should have been. To mitigate any further disruptions to target communities, 146 people (including 116 women) are involved in Accumulating Savings and Credit Associations that ensure low-income families impacted by the pandemic have savings and credit, specifically to meet the needs of children and their education.

## COVID-19 RESPONSE – LAOS



### Context

While Laos managed to avert COVID-19 deaths for the first year of the pandemic, from April 2021 cases in the country increased. Community transmission rose sharply, while the country's vaccine rollout slowed down in areas outside the capital Vientiane due to vaccine hesitancy and resource challenges.

As of end July 2022, 70% of the population had received two doses of the vaccine, while 79% had received at least one dose. Most of these doses were delivered in urban areas, emphasising the need for 'last mile' vaccination for rural and remote communities, which are particularly vulnerable due to a lack of health services.

On top of the public health implications of the pandemic, Laos has faced a significant economic shock. According to the World Bank, the country's poverty rate increased by 1.7 percentage points during 2020, while a drop in trade and tourism reduced available jobs, and food prices have also increased.

The Australian Humanitarian Partnership launched an initial response in 2020, focusing on COVID-19 prevention and the economic fallout of the pandemic. This response ended in September 2021. In early 2022, a new activation, with funding from the Australian Government's Vaccine Access and Health Security Initiative (VAHSI), began working on vaccination hesitancy and rollout challenges.

The second phase of the response (commenced in November 2021) has a strong focus on supporting the national COVID-19 vaccine rollout. This phase is being implemented by Oxfam Australia and CAN DO in partnership with seven local NGOs, with a commitment of AUD2.55 million from VAHSI.

This phase aims to increase COVID-19 vaccination coverage across four provinces of Laos by strengthening communications, community outreach and local systems. Activities will focus on improving risk communications and community engagement, training for sub-national health staff on vaccine delivery, and addressing barriers to vaccine access for vulnerable populations, such as women, people with disability, marginalised ethnic groups, youth, and the elderly.



## Response highlights



### Maintaining school attendance during the pandemic

Conditional multi-purpose cash grants delivered in the first response in Laos ensured that 976 primary school aged children (548 girls) completed the year of school (98% of the target). These children, from poor ethnic families in Pha Oudom District in Northern Laos, were at risk of being withdrawn from school due to their family's inability to cover incidental costs of schooling due to COVID-19. Out of 1000 students who were eligible for the cash grant, only 24 students (2%) became ineligible due to absenteeism, demonstrating the impact of the cash grant program in retaining students in schools.



### Parenting without violence

Training in child protection and parenting without violence delivered by Save the Children in the first activation increased understanding of government partners, as well as communities. 15 government staff received training to deliver workshops in villages, which reached 2,591 caregivers. Pre and post-tests of community trainings showed an increase in understanding about parenting without violence, including a significant increase in understanding of different forms of violence against children and non-violent parenting skills. For example, following the community trainings, almost 98% of parents/carers said they could identify the signs of violence against children, whereas before the workshop, less than a quarter said they could.



### Supporting rural women's access to health services

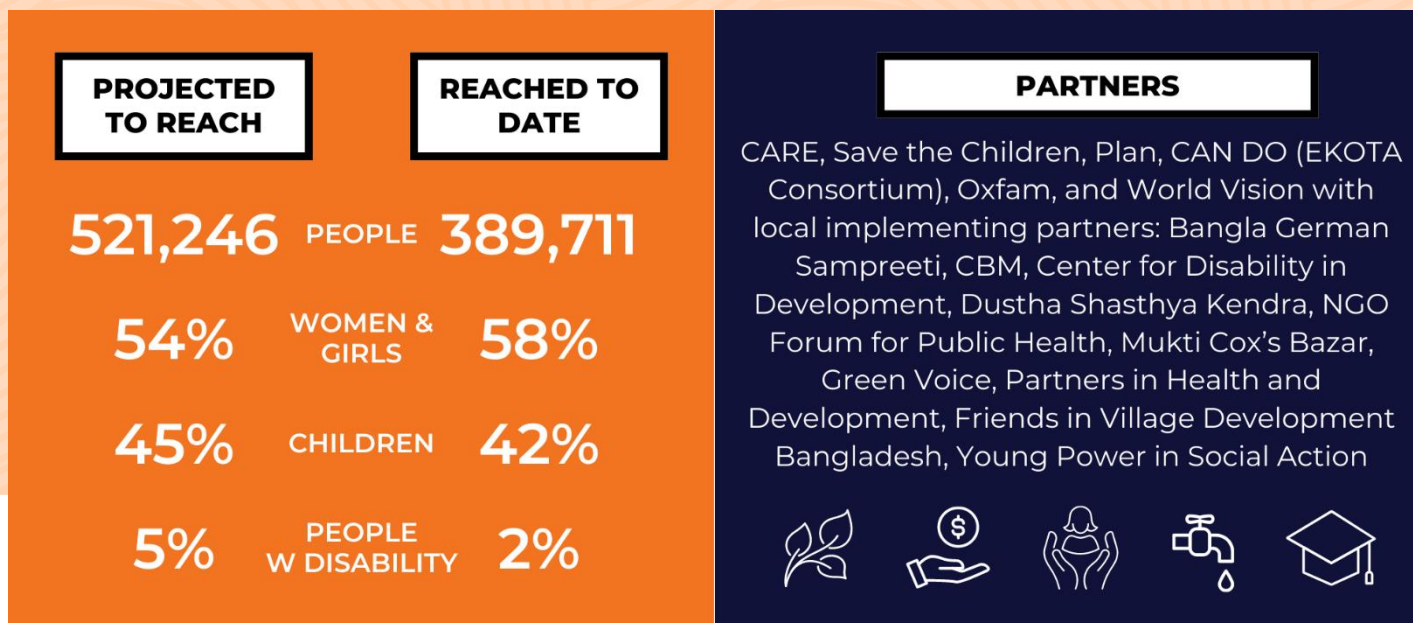
Interviews at the conclusion of the first activation in Laos demonstrated that 100% of women in target communities now felt safe accessing health care facilities, and agreed they had access to maternal health and family planning services. This is a positive finding, particularly as women interviewed were from remote, ethnic communities. The project also distributed 1,000 nutrition kits to vulnerable families, focusing on women who were pregnant, lactating, or had children under two years of age. Psychosocial support is rarely accessible to remote communities. The project contributed to improving the quality of healthcare services by training 40 healthcare workers on how to implement integrated health services with psychosocial support. 245 people (122 women) were trained on GBV awareness, which included not only front-line health workers but other community members. Endline interviews showed increased knowledge on GBV in remote ethnic villages; areas that have high levels of gender inequity and increased GBV due to cultural norms.



### Delays to implementation of new activation

The new activation has been delayed in its implementation due to slow government approval processes. As of June 2022, the MOU for the project had been approved by the Department of Hygiene and Health Promotion, and submitted to the Cabinet Office at the Ministry of Health, but was still awaiting approval there. Final approval from the Ministry of Foreign Affairs is also required. While awaiting approval, Oxfam has been focusing on a rapid assessment, working with Government and CSOs to finalise questionnaires and expected outcome indicators. CSO partners are also providing training for enumerators and continuing data collection.

## BANGLADESH PHASE III RESPONSE



**\$44**  
MILLION  
AUD

### TIMELINE

April 2020 to September 2023



### LOCATIONS

Kutupalong refugee camp and surrounding host communities.  
Cox's Bazar

### Context

The movement of almost one million Rohingya people from Myanmar into Bangladesh has unfolded into one of the largest humanitarian crises globally. The AHP is now in its third, multi-year response to the crisis, supported by the Australian Government.

In September 2017, the Australian Government directed AU \$6 million of its humanitarian assistance package to the Rohingya crisis through the Australian Humanitarian Partnership. Oxfam Australia - who partnered with CARE Australia - and Save the Children Australia were selected to deliver the AHP response. The organisations focused on the provision of clean water, improved sanitation and hygiene, health, protecting those vulnerable to abuse or not receiving required services, and the provision of education and basic survival items.

In 2019, Australia provided AU \$9.9 million as part of a second phase of support, bringing the total AHP response to almost \$16 million. Save the Children formed the Inclusive Communities consortium with CARE Australia, Oxfam Australia and Humanity and Inclusion. Funding was also provided to Plan International Australia and World Vision Australia. Partners focused on WASH, the protection and inclusion of women, children, people with disabilities and other vulnerable groups; education; adolescent reproductive health and support for host communities.

In 2020, all six AHP partners came together as a single consortium, led by CARE Australia, to further continue Australia's support to the Rohingya in Bangladesh through the current multi-year, phase three response that will run until June 2023.

The AHP Bangladesh Consortium is designed to contribute to the overarching DFAT Bangladesh Rohingya and Host Community Humanitarian Package (2020–2023). This Consortium enables broader geographic reach, better coordination of and with key stakeholders, and improved collective response to the needs of Rohingya and host communities under a consortium mechanism. Consortium partners are working towards providing support for basic needs, self-reliance, resilience, and reform amongst the refugee and host communities, with the response focusing special consideration on gender, localisation, and inclusion.

## Response highlights



### Gender-based violence services

In refugee camps, consortium partners have been delivering activities to identify, prevent, and respond to Gender-Based Violence (GBV) and other protection risks, improve access to and quality of protection services, support recovery from abuse and violence, and provide specialised services to mitigate exposure to protection risks due to the COVID-19 pandemic. During phase 3, CARE has continued to support frontline GBV services for women and girls through improving the accessibility of Women and Girl Safe Spaces. These spaces provide psychosocial and referral services, as well as working with victim/survivors to identify and respond to GBV and protection risks. Between August 2021 and February 2022, 19,696 individuals received information on GBV services and referral mechanisms, including 97 GBV survivors receiving case management, 537 survivors accessing referral services, and 928 women and girls receiving psychosocial support.



### Education

Throughout phase three, activities designed to improve access of children and adolescents from Rohingya and host communities to inclusive, safe, quality education, and learning and development opportunities have been delivered, including teacher training. Plan established early childhood education centres and Community-Based Youth Clubs (CBYC) for 15–24 year-olds in camp and host communities. Plan facilitated one-on-one, small group sessions and home visits to mitigate the risks of COVID-19. The program implemented training and curriculum development support for parents, caregivers, staff, and facilitators, increasing understanding of children's holistic development. Parents and caregivers of young children were also supported to contribute to education at home through providing materials to develop literacy and numeracy. Positive parenting sessions equipped them with skills to support their children to learn from home and reduce risks during COVID-19 restrictions. This has resulted in many learners successfully graduating and enrolling in pre-primary school.



### Child protection

World Vision worked with Community Based Protection Committees to conduct child protection and gender-based violence awareness sessions and peacebuilding activities with youth, with a particular focus on men, boys, and faith leaders. These activities were designed to increase the understanding of the causes of gender discrimination and reduce child marriage, gender-based violence and conflict. World Vision also provided targeted support for adolescents on these issues through youth clubs; education sessions on life skills are held daily as well as awareness raising on COVID-19 preventative measures and how to advocate for childrens' rights.



### Water, sanitation and hygiene (WASH)

Between August 2021 and February 2022, partners reached an additional 6,020 people through WASH activities than planned.

In camp 15, CARE constructed a water network running on solar power and gravity in partnership with UNICEF. The system provides chlorinated drinkable water and contributes to significant timesaving for camp and host communities – particularly women and youth – down from 45–60 minutes to 10–15 minutes to collect and transport water. A water network was also constructed close to host community schools. Accessible toilets and bathing cubicles for people with disabilities, pregnant women and the elderly have been constructed, repaired, and upgraded. Sanitation has been improved through de-sludging toilets.





### Localised, cash for work resilience activities

Partners have been working on activities so that Rohingya and host communities are more self-reliant, with safe and equitable access to education, skills, justice and freedom.

Oxfam and its local partner prioritised implementation of social risk mitigation schemes, implemented through Cash for Work interventions by engaging individuals from the community. The schemes were developed in close coordination with local Government (Union Parishad) and community leaders. A total of 16 cash for work schemes (including road construction and repair and making bamboo bridges) were identified and implemented, with 155 community members participating. This resulted in improving community access and reducing the risk of future natural hazards.



### Inclusive WASH facilities

For people with a disability living in camps for displaced Rohingya at Cox's Bazar, Bangladesh, accessing basic water, sanitation and hygiene (WASH) facilities can take a huge amount of effort and time each day.

In Camp 15, one of the most populated camps out of the 34 in Bangladesh, there are around 11,000 households and 55,000 residents, with around 9% living with a disability. Only 0.5% of these people with disability have access to accessible public latrines, and a further 2% have accessible private latrines. Most others make do with inaccessible public latrines, with 34% of people with disability reporting they need assistance from others to use the toilets. Through the Australian Humanitarian Partnership's Bangladesh response, CARE Bangladesh has been working to improve WASH facilities in Camp 15 since early 2020. Activities have included platform and piping upgrades, gender-segregated latrines, bathing cubicle construction and repair, solid waste management, awareness sessions, supporting local WASH committees, and distribution of hygiene and menstrual hygiene kits. Five inclusive latrines have now been constructed in Camp 15 with AHP support and technical advice from consortium partners the Centre for Disability in Development (CDD) and disability advocacy NGO, CBM.



### COVID-19 information and health services

Due to the ongoing COVID-19 pandemic, consortium partners adapted their programming to ensure community members had the access to safety measures through their project activities.

Save the Children have provided essential primary, maternal and child health care, sexual and reproductive health, and basic mental health services throughout the COVID-19 pandemic. Save the Children have supported 95,016 people to access these services in addition to COVID-19 management and identification through its four health posts. Save the Children also engaged 36 Community Health Workers to build local leadership and increase understanding of COVID-19 through house-to-house campaigns and group sessions.



**Life in Bangladesh's displaced persons camps is already challenging. But for 16-year-old Maya, who lives with complex physical disabilities, the camp environment has poor accessibility, a lack of suitable facilities and shelter, and high levels of discrimination.**

**"Living with a disability is not good in this camp context," Maya said. "I have faced many types of discrimination – social, in respect of getting basic needs, poor sanitation, poor hygiene, scarcity, and sometimes abuse."**

**As part of the AHP response in Bangladesh, CARE's WASH team supported the construction of 11 accessible toilet facilities near the homes of people with disabilities, including Maya, and a 'ready to go' mechanical team in the community was trained to repair and maintain them.**

**"Now, I have no pain and easy access to go to the toilet," Maya said.**

## Reflections and learnings



### Adapting programming through COVID-19 and camp access restrictions

Throughout 2021, the COVID-19 pandemic continued and evolved, disrupting many aspects of life around the world, including in Bangladesh. COVID-19 impacted the response in Cox's Bazar in several ways, including restricting access for aid workers to Rohingya camps. Different sectors of humanitarian intervention were declared as either "essential" or "non-essential", impacting programming.

Partners adapted to meet the needs of the changing situation including lockdowns and restrictions. Remote management of activities was a key mechanism for all consortium partners to continue delivering services. For example, rather than ceasing gender-based violence and protection services entirely when it was not classed as an essential service, CARE, Save the Children and Plan International Bangladesh introduced remote services.



### Engaging community members in response

Given the challenges faced by multiple programmes relating to COVID-19, an influx of refugees, and natural disasters, partners identified that local engagement in roles as volunteers, community mobilisers, health workers and local staff has been critical.

Whilst local engagement has always been an intended part of the programme, the ongoing contextual challenges faced during phase III have again emphasised its importance and encouraged partner agencies to scale up the number and responsibilities of community members in the delivery of their programmes. Consortium partners have also continued to develop and streamline robust feedback and complaint mechanisms to ensure accountability to the community. These include community representative meetings, 24-hour phone hotlines, feedback and complaint boxes, and child-friendly feedback mechanisms.



### Integrating disaster preparedness

Several disasters impacted the targeted communities during 2021 including fire, flooding, and landslides. Disasters such as these can set back progress in most sectors, as regular programme activities are disrupted, and assets and livelihoods diminished or lost.

By including disaster preparedness and resilience activities within regular programming and ensuring consortium partners are themselves prepared to respond, the negative impact of such disasters can be mitigated.

## EDUCATION IN EMERGENCIES – MYANMAR



**\$5.35**  
MILLION  
AUD

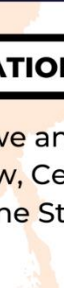
### TIMELINE

April 2020 to December 2022



### LOCATIONS

Sittwe and  
Pauktaw, Central  
Rakhine State



### Context

Myanmar faces substantial humanitarian challenges, with large numbers of internally displaced people due to ethnic and political conflict, and significant humanitarian needs. According to UNHCR, at the end of 2021 there were 671,000 internally displaced people in the country, with more than a third of these in Rakhine State. A further 150,000 people in Rakhine State are identified as stateless. Children in these groups are largely denied access to formal education.

The Australian Government launched the Myanmar Humanitarian Package (2020-2022) in response to the ongoing humanitarian crisis, complementing Australia's Rohingya and Host Community Humanitarian Package (2020-2022) for Bangladesh.

The Myanmar humanitarian package includes the Myanmar Education in Emergencies component being implemented through the AHP. This response aims to reach more than 23,000 people, including more than 19,000 children living in IDP camps in Central Rakhine State (Sittwe and Pauktaw townships). AHP partners will provide primary education to displaced children and improve the overall quality of education within IDP camps through professional development for teachers and school community engagement. Ensuring girls, children with disabilities and adolescents are included in education activities is a specific focus.



## Response highlights



### Reopening of Temporary Learning Centres (TLC)

After closures due to government COVID-19 measures, TLCs in camps were re-opened in line with the Ministry of Education (MoE) school reopening announcement, with strategies to mitigate and manage COVID-19 risk in place. Save the Children and consortium partners consulted with Parent Teacher Associations (PTAs) on the acceptance of the MoE approach, to seek consent from parents to send their children back to school. A checklist for 'safe school reopening', adapted from WHO guidelines and coordinated with the WASH sector through the Education in Emergencies cluster, was developed and translated into an easy-to-read version in Burmese. Ahead of reopening, 39 TLCs and 12 Non-Formal Primary Education (NFPE) centres were renovated in accordance with safe school reopening guidelines developed by Muslim Aid UK with support from Education in Emergency partners, and camp WASH clusters.



### Educational access, including remote delivery

Consortium members were able to continue delivery of home-based learning activities for 8,310 children throughout 2021, and reopened 51 TLCs, including NFPE centres, in December 2021. As a result, 12,461 conflict-affected children aged 5-14 have regular access to primary school education. Organisations of People with Disability are working with the Education in Emergencies consortium to identify excluded students with disabilities, to support their inclusion and participation in education.



### Improving understanding of gender among teachers and parents

Consortium members have delivered gender awareness and gender-based violence trainings to teachers, Parent Teacher Association (PTA) members, and members of female teacher peer network (FTPN) groups. 43 girls' clubs have been established in Sittwe, Pauktaw, Nget Chaung 2 and Ah Nauk Ywe, with more than 900 adolescent girls (9 and older) participating in the groups. Five FTPN groups, comprised of 59 women teachers, have been established in Sittwe and Pauktaw. For gender-responsive coordination at the camp level in Nget Chaung 2 and Ah Nauk Ywe, six gender focal points have been identified among PTA members, ensuring male and female representation in equal proportion.

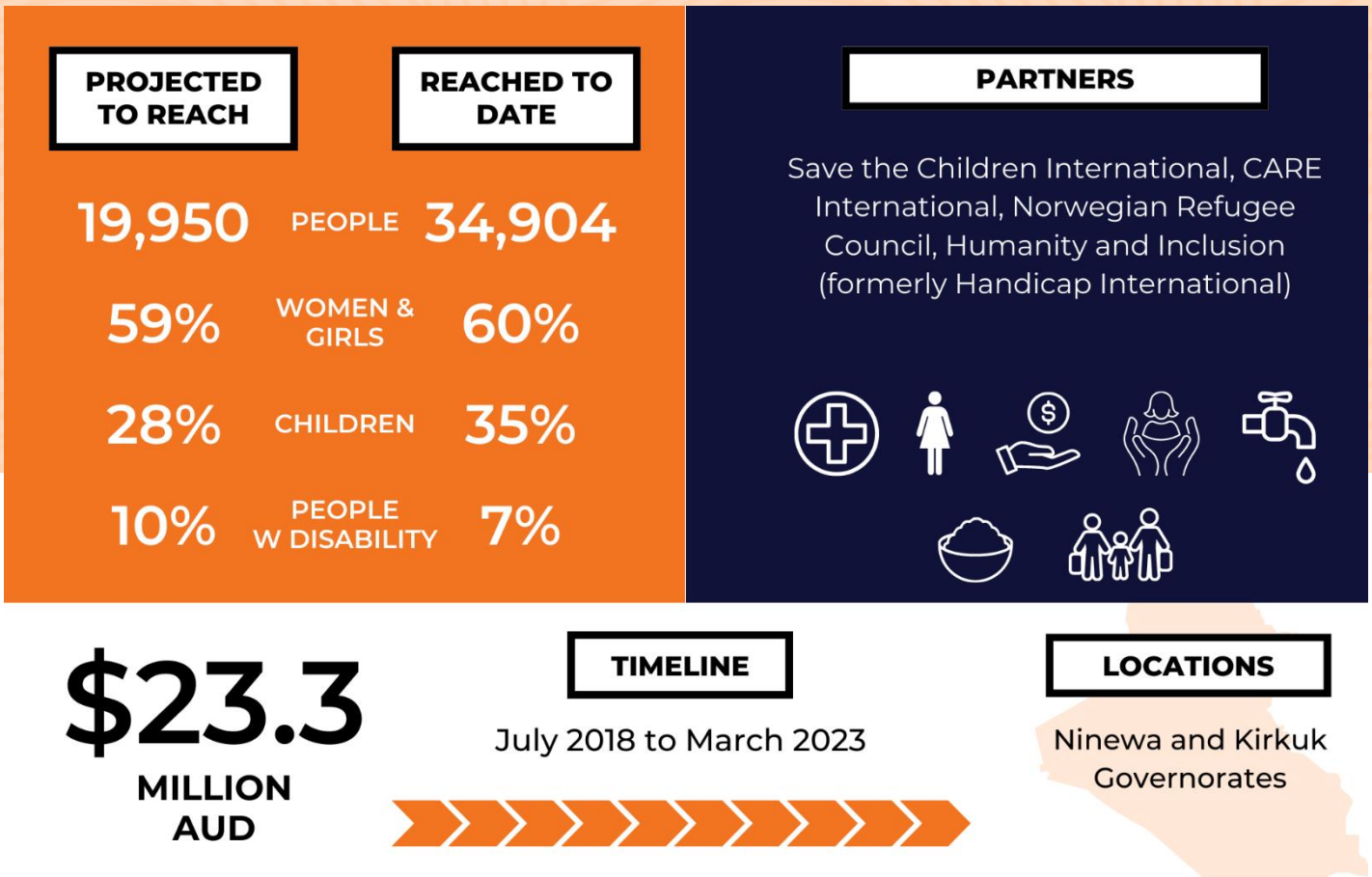


### Reflections and learning

The February 2021 military coup in Myanmar has caused political crisis and economic recession, impacting on program delivery. For example, camps are experiencing a shortage of learning materials due to inflation-driven cost increases, while curriculum textbooks are unavailable for IDP students. Training on delivering a new Grade 4 and 5 curriculum introduced under the previous government was suspended due to the pandemic and coup, leaving volunteer teachers without knowledge or resources to teach it. These issues impact on the ability of students completing non-formal education to be able to transfer to Government middle schools.

Home-Based Learning Activities offered during the pandemic have proved popular, with more children enrolled than in traditional TLCs. Parents report teachers reaching out to their homes is more convenient than sending their children to centres that may be some distance away. However, it is difficult to assess student attendance or engagement rates for home learning.

## BUILDING PEACEFUL FUTURES, IRAQ



### Context

In Iraq, consecutive years of brutal conflict have destroyed families, severely damaged infrastructure, and caused entire communities to flee their homes. Since 2018, AHP's Building Peaceful Futures project has supported vulnerable people in Ninewa and Kirkuk Governorates — both displaced and those returning to their houses — to become more resilient through the inclusive provision of humanitarian assistance and protection services, which has contributed to social cohesion and the safe and dignified return of people back to their community.

Almost 1.2 million people are still displaced across Iraq, and in the reporting period, people faced additional stress of sudden camp closures and increasing cases of COVID-19. Despite these increased challenges, the Building Peaceful Futures Consortium managed the continued safe and dignified return of displaced people, and improved resilience through inclusive access to essential protection, WASH, legal support, and sexual reproductive and maternal health services.

## Response highlights



### **Localisation of project implementation through collaborative capacity-strengthening relationships with local partners**

The Building Peaceful Futures consortium has demonstrated a commitment to the Grand Bargain by actioning localisation throughout its programming and ensuring local and national actors are central to the implementation of humanitarian response. This approach guarantees that activities are relevant to communities' priorities and needs, and contribute to the long-term sustainability of the project activities, an extraordinary achievement in the current challenging context.



### **Women, men, girls and boys access a variety of protection and GBV awareness programming**

Gender-based violence continues to be a major concern in Iraq, and disproportionately affects those whose lives have been impacted by conflict. The BPF consortium worked to combat this by providing awareness sessions in targeted communities in Ninewa and Kirkuk Governorates. Accessible awareness sessions on protection, GBV, health and rights reached a significant number of women and girls, boys and men, in contexts where vulnerabilities are compounded by levels of gender-based violence and abuse of rights. Further, life skills and business training helped to empower vulnerable women, including survivors of sexual violence.



### **Continuous provision of essential health services, legal support, livelihood development and clean water to vulnerable populations in a complex, insecure and fast-changing environment**

When families are displaced by conflict, they are often forced to leave everything behind, including identity cards which they need to access essential services and move freely through checkpoints. Throughout the reporting period BPF partners worked together so that vulnerable populations had continuous access to critical health, legal and WASH services despite considerable challenges in service delivery. As part of the provision of essential services, in 2021, consortium partner CARE provided a total of 14,540 (9,361 women and 5,179 men) people with sexual, reproductive, and maternal health services.



## Building Peaceful Futures: gender case studies



### Maternal health services

*"I commend the reproductive health staff for supporting me through pregnancy, the safe delivery of my beautiful daughter and the post-natal care services that have enabled me to maintain good health." – Malas, 28, Sinjar*

Through BPF, CARE International in Iraq has supported the Al-Shuhada Maternity Unit. Maternal health services are limited in the region after many facilities were destroyed during conflict.

The unit provides 24-hour services, seven days a week, in ante-natal care, post-natal care, birthing, family planning, management of sexually transmitted infections and other gynaecological and obstetric diseases. The unit is home to six midwives and two reproductive health doctors, serving some 8000 women in Sinjar.

For Malas, a 28-year-old Yazidi woman who returned to Sinjar in 2017 after its liberation from Islamic State, the CARE maternal health unit supported every step of her pregnancy and birth of her daughter Karina, as well as guiding her during her daughter's first year and advising on contraceptive choices after the birth.



### Livelihoods and businesses

*"I had years of experience of sheep and goat farming prior to the ISIS invasion, though I did not have the resources to resume. This gave me a sense of happiness that I had not felt in a long time." – Mayan, 65, Sinjar*

Mayan, 65, is a former ISIS captive, kidnapped during the conflict in 2014. When fighting started, the family was forced to flee their home. They lost their livestock and their only source of income.

The government of Iraq regained control of Sinjar in 2015. Since then, only 64,926 people have returned to the city out of the six million displaced. Mayan's family was one of those that returned, but their business and home was destroyed.

Save the Children started a micro-enterprise development initiative for women survivors of ISIS in Sinjar. The project provides training on micro-entrepreneurship and business management, as well as start-up grants. While Mayan had good experience in farming, she lacked the financial resources to buy livestock. With the support of the project she was able to start sheep farming again, producing wool, dairy and meat.



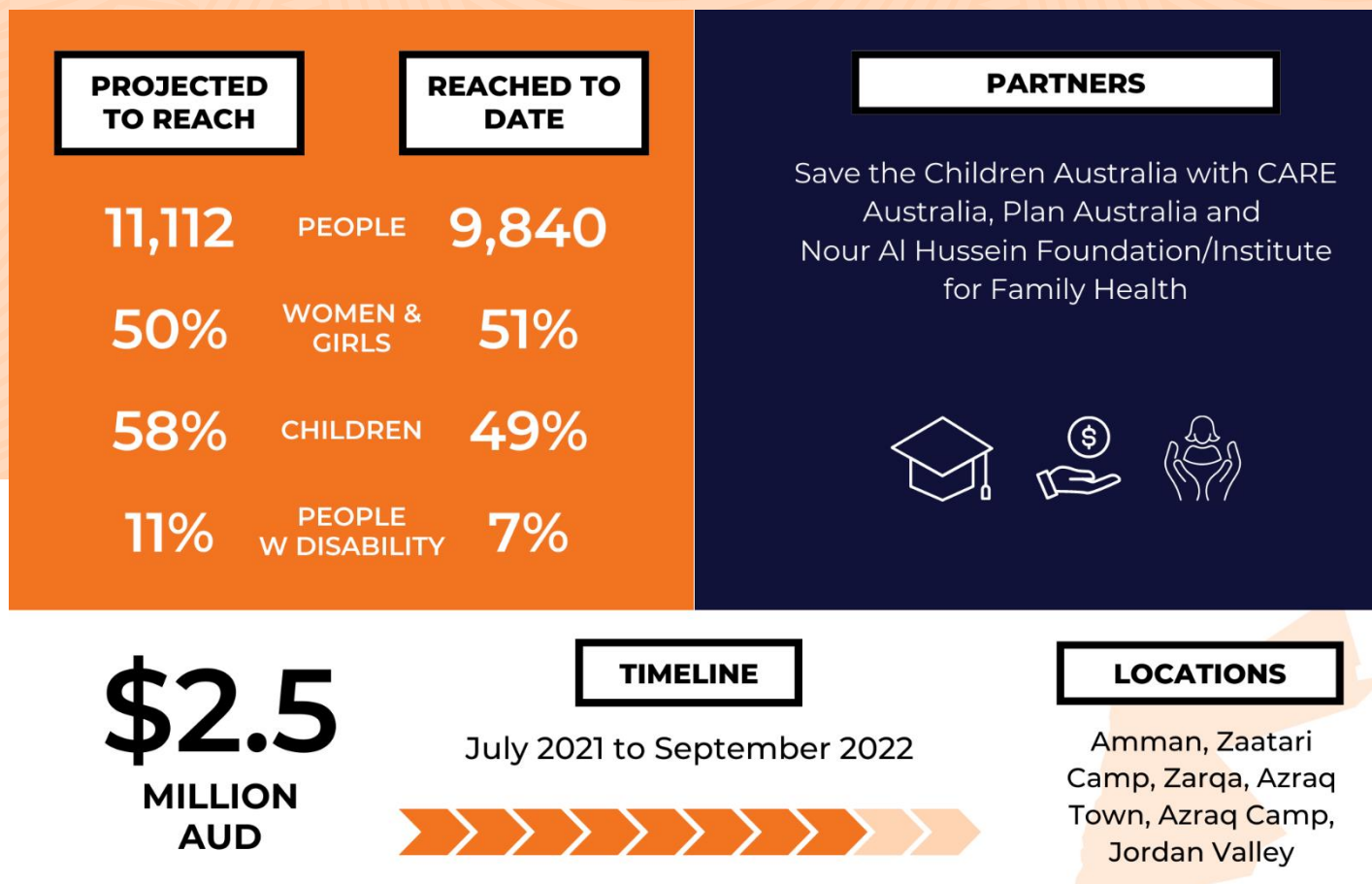
### Literacy classes for women

*"The thing that has made me the happiest is that I will be able to help my young children whenever they need me and support them in their studies." – Nadia, 50, Sinjar*

For Nadia, 50, having no reading or writing skills left her vulnerable and reduced her independence. When she visited the doctor, someone would have to help her read and fill in forms. Nadia didn't know how to use a phone to contact her children. If she needed something, she would go to her neighbours or ask someone to help her phone them. When CARE began to enrol students in literacy classes for adult women, Nadia signed up.

The 25 women in her class were active and enthusiastic learners, determined to improve their literacy to better communicate with their families and in the community. The classes also fostered new friendships among the women, many of whom had been displaced by conflict. For Nadia, she began to enjoy more of a social life in the community with other women she met through the class. She feels more confident, independent, and safe, and is now able to use her phone to contact her children.

## JORDAN



### Context

The Syrian conflict has been active for more than a decade, displacing more than 55% of the country's population, according to UNHCR. The scale of the crisis has impacted on nearby countries, now home to large populations of Syrian refugees.

As of November 2020, there were an estimated 1.3 million Syrian refugees residing in Jordan, with over 80% living in communities rather than camps.

The high cost of living, depleted savings, limited access to work and income opportunities, and decrease in humanitarian assistance has caused families to prioritise household income for survival. COVID-19 has only made things tougher, exacerbating unemployment and spiking gender-based violence rates.

The AHP response is focusing on out-of-school refugee children. COVID-19 school closures and economic pressures have seen many young people drop out of formal education. Response activities are focusing on access to education and health services for young people and their families, livelihoods and psychosocial support.

## Response highlights



### Inclusive education for out of school children

650 out of school children (388 male, 262 female; 426 Syrian, 224 Jordanian) received inclusive education support activities, including remedial Arabic & Math classes. 141 of these youths also participated in resilience sessions. The sessions provide livelihood skills building and psychosocial support, with a strong focus on gender equality and inclusion of people with disabilities to enhance participation and empowerment. Resilient households are better able to cope with and adapt to shocks, including ensuring that children stay in school by using new skills and networks, and adapting strategies to confront and address barriers to education, particularly financial barriers. Four inclusive learning spaces were also equipped and made accessible for children with disabilities



### Engaging men and boys for gender equality

24 participants were trained to deliver a program targeted to adolescent men and boys in critically reflecting on gender norms that drive violence and other unhealthy behaviours. The training explored concepts of power, expressing emotions, male honour, labelling, and understanding the cycle of violence. 15 Syrian male adolescents participated in the first workshop of the program in Azraq town.



### Case management for out of school children and their families

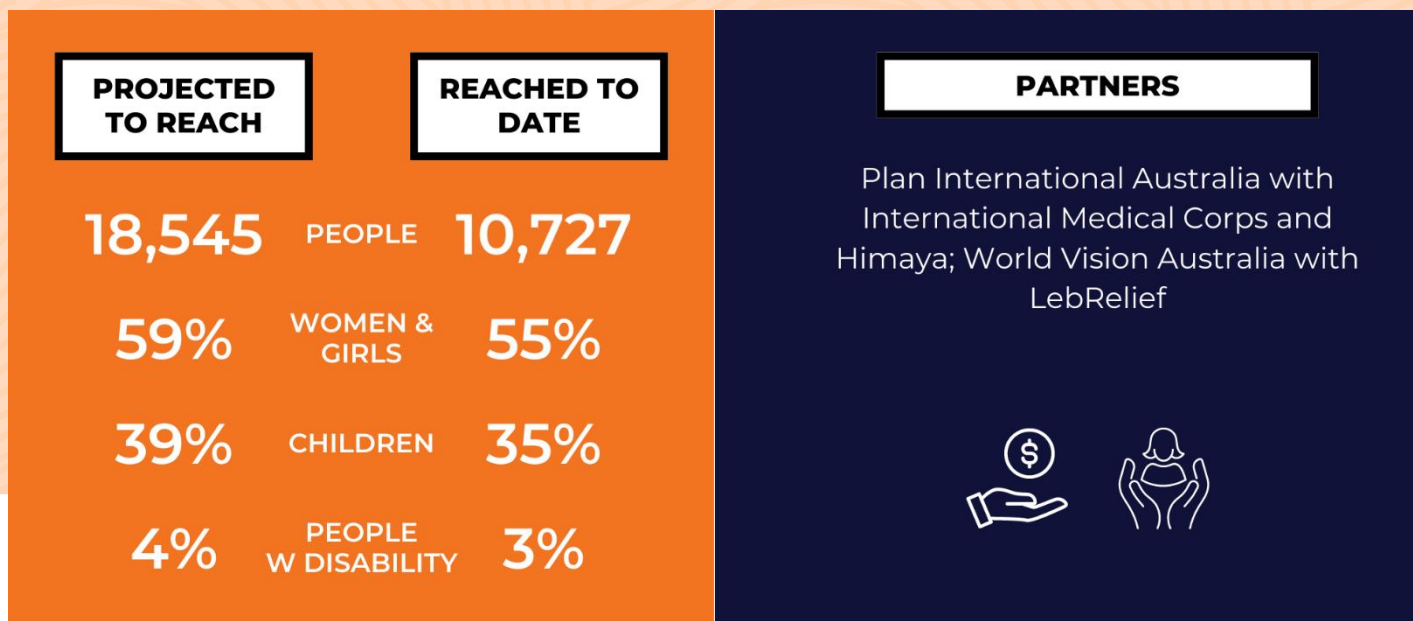
1,607 out of school children and families have received comprehensive case management services including services for sexual reproductive health, gender-based violence, child marriage and domestic violence. 1,022 clients were Syrian refugees.



### Livelihoods support and skills training

31 household family members of out of school children were provided with skills and vocational training, to facilitate adolescents and families to access sustainable and dignifying livelihoods. 105 households are now actively participating in Village Saving & Loans Associations.

# LEBANON



**\$5**  
MILLION  
AUD


## TIMELINE

December 2021 to February 2023



## LOCATIONS

South and Akkar Governorates



## Context

Lebanon is facing compounding crises. As in many countries around the world, COVID-19 has had significant economic and health impacts, further pushing vulnerable populations into poverty. On top of this, the Beirut Port Explosion in August 2020, one of the world's largest non-nuclear explosions, destroyed large parts of the capital, including some 300,000 homes.

A currency and banking crisis then rocked the economy, with the Lebanese currency losing more than 85% of its value over an 18-month period, sending the costs of food and essential items skyrocketing and wiping out families' savings. The economic crisis has spiralled further in 2022, with the country's monthly inflation rate jumping from 147.55% in January 2021 to a record high of 239.68% in January 2022. Food prices, as well as diesel prices for electricity and petrol for automobiles, have skyrocketed, also in part due to global spikes due to the Ukraine war.

Lebanon is also estimated to host to one of the largest per-capita populations of Syrian refugees. This group is especially vulnerable, facing high levels of extreme poverty, food insecurity, and a lack of suitable housing. Economic pressure has forced refugee families to adopt negative coping strategies, such as keeping children out of school, arranging child marriages or engaging in child labour.

The AHP Response in Lebanon focuses on two key areas: protection and livelihoods.

Plan International Australia is leading on the protection area, in partnership with International Medical Corps and local NGO Himaya. The deepening economic crisis has put children, girls and women, people with disability, and refugees at greater risk of abuse, violence and exploitation.

World Vision Australia, through its office in Lebanon and in partnership with local NGO LebRelief, is focusing on livelihoods support, including supporting vulnerable households to access heating in high altitude areas that experience harsh winter temperatures.



## Response highlights



### Support to vulnerable households for heating

Currency depreciation, hyperinflation and the removal of fuel subsidies have left many households in cold climates unable to access or afford heating. Through World Vision, 1,562 households assessed as vulnerable have been supported with the first payment of Multi-Purpose Cash Assistance. The funds will support households to access heating materials to maintain acceptable temperatures in their homes to protect vulnerable family members. Additionally, LebRelief is working with an insulation consultant to explore appropriate and cost-effective heating techniques while scoping is taking place on locally-produced alternative heating materials, to try to diversify the methods used by households and reduce costs.



### Improved sexual and gender-based violence prevention and response services

202 at-risk refugee and Lebanese girls, boys, young women and young men with and without disabilities had access to quality child protection and gender-based violence case management. 71 clients were referred to multi-sectoral services and 21 households were reached with food parcels. A further 1200 at-risk refugee and Lebanese girls, boys, young women and men, adult women and men, including those with disabilities, participated in awareness sessions on prevention and response to violence, abuse and exploitation.



### Support for positive parenting practices

77 parents and caregivers attended Plan International parenting sessions. 127 caregivers have attended emotional support groups or IMC's Cycle of Violence modules, disaggregated by gender and disability.

## The toughest winter

The devaluation of the currency, hyperinflation and the removal of subsidies on fuel and diesel all contributed to one of the toughest winters families in Akkar, Lebanon, have ever experienced.

"It was a blessing that we survived," Ahmad (top photo) says with a troubled voice. "At one point, I was burning plastic and cardboard just to keep my children warm."

"No one expected the snow would last till mid-March," says Ahmad. "The main problem was not just the cold weather, but the current economic situation. After the removal of the subsidies, just four litres of diesel was selling for 100,000 Lebanese pounds (approx \$97 AUD)."

Under the AHP Lebanon Protracted Crisis Activation, World Vision Lebanon, funded by the Australian Government through the AHP, was able to support Ahmad and other families to meet the increasing costs of living through the provision of Multi-Purpose Cash Assistance.

"After the past winter, I found myself in debt due to buying diesel and wood for the heater. Thanks to this support I can pay off those debts," says Ahmad.

The family received \$US100 (\$AU145) as a first payment and will receive two other payments of \$US100 and \$US200 (\$AU290) over the year.

"I was concerned about next season, especially since it is impossible to borrow money anymore. Now, I can rest assured that my two small children won't sleep cold next winter," Ahmad says.

Last winter, 35-year-old Abed's family had to spend most of their time at home under blankets.

"I only used the heater in the morning before my three children went to school, and a little at night so the beds could get warm. I couldn't afford to keep the heater lit," explains Abed (lower photo). "Even the heater is not mine. I had to borrow it, as I couldn't buy a new one."

Abed is a daily worker with the municipality, and his income is barely enough to put food on the table.

"Since I was not always able to buy wood for the heater my children were constantly sick," he says. "It was a horrific three months."

Abed and his family also benefitted from Multi-Purpose Cash Assistance under the AHP project. "This support couldn't have arrived at a better time. I plan to buy my own heater for next season. Also, I want to pay off my debts to the grocery store."



Story and photos: George Mghames/World Vision Lebanon

## CYCLONE HAROLD LONG TERM RESPONSE, VANUATU

### PROJECTED TO REACH

**80,510** PEOPLE

**48%** WOMEN & GIRLS

**40%** CHILDREN

**3%** PEOPLE W/ DISABILITY

### PARTNERS

World Vision Australia with World Vision Vanuatu; CAN DO (ADRA Vanuatu, Anglican Church of Melanesia and Vanuatu Christian Council) with CARE Vanuatu and Save the Children Vanuatu



**\$1.5**  
MILLION  
AUD

### TIMELINE

July 2021 to June 2023



### LOCATIONS

Malampa, Penama  
and Sanma  
Provinces

### Context

Tropical Cyclone Harold hit Vanuatu, Fiji, Tonga and Solomon Islands in April 2020, just as the COVID-19 pandemic was also closing borders in the region.

In Vanuatu, more than 159,000 people were affected by the Category 5 cyclone. The northern islands were worst hit and there was significant damage to schools, agricultural crops, buildings, power, telecommunications and boats.

AHP partners were involved in a response activation to TC Harold in 2020 across all affected countries, in conjunction with their support to national COVID-19 responses. Given the long-run impacts of the cyclone in Vanuatu, this additional, recovery-focused AHP response was launched in 2021, focusing on livelihoods, WASH and disaster preparedness.

## Response highlights



### Supporting families to make the most from seasonal work

Building on activities commenced as part of the AHP COVID-19 response in Vanuatu, World Vision Vanuatu delivered Famili I Redi workshops to a further 180 people in Sanma. The workshops are designed to assist Ni-Vanuatu families to get the most out of international seasonal work opportunities in Australia and New Zealand by planning how to use remittances to reach their financial goals and understanding the challenges of family separation before workers depart. In future years, families attending the workshops will also have access to Cyclone Safe building training, to support investment of earnings from overseas seasonal work into improved, storm-resilient housing.

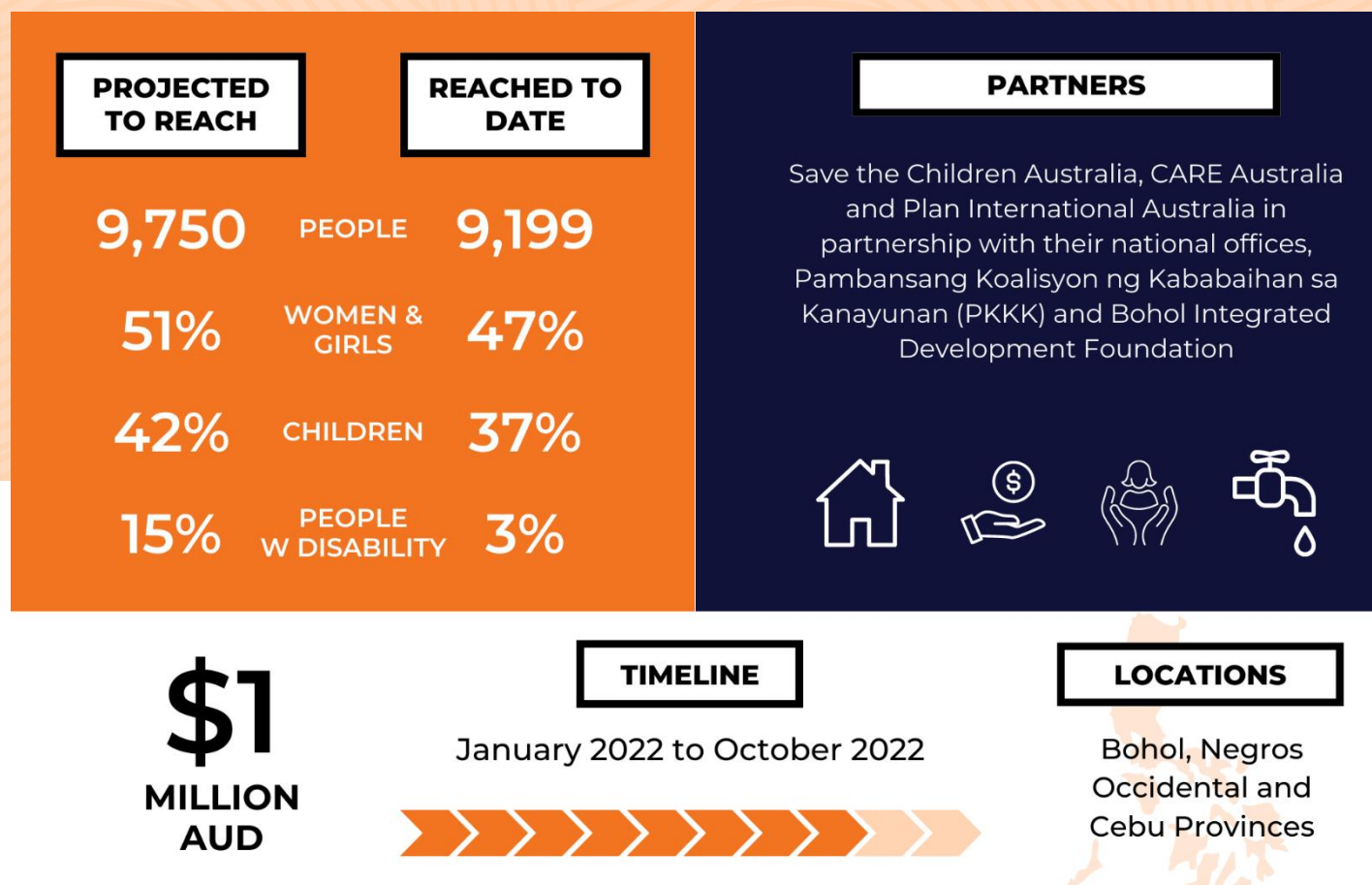


### Improving inclusion and coordination in community disaster preparedness and governance

With the support of CAN DO partners, Community Disaster and Climate Change Committees (CDCCCs) will have access to training and advice on gender, protection and disability inclusion and will be supported to strengthen their links with provincial government. These activities are currently in the commencement phase.



## THE PHILIPPINES – TROPICAL CYCLONE RAI



### Context

The Philippines was struck by powerful Typhoon Rai (known locally as Odette) on December 16, 2021. The Category 5 Super Typhoon killed more than 400 people, damaged more than 1.7 million homes, and displaced nearly 200,000, with much of the damage occurring in the Visayas and Mindanao regions.

As of early 2022, large numbers of people remained displaced, with significant need for shelter, food, water, hygiene supplies and other humanitarian essentials. Schooling has been significantly disrupted, with 4,000 classrooms destroyed, while many other public and community facilities require repair and rehabilitation. Damage to agricultural crops and businesses has negatively impacted on livelihoods, while surges in COVID-19 cases and dengue in affected areas are complicating the response.

The AHP response is delivering life-saving interventions to the affected villages and addressing immediate humanitarian needs through cash-transfers or in-kind distributions, as well as supporting early recovery efforts.

## Response highlights



### Shelter, WASH, food and non-food support

400 households totally or partially destroyed by the storm received shelter kits, while a further 375 individuals received cash support to access shelter and purchase household items.

A further 400 households received household supply kits, containing essential items. Across the affected provinces, more than 1100 households also received family hygiene kits and/or jerry cans. Food support was also provided to 1125 households. Restoration and repair of water and hygiene facilities damaged by the storm is ongoing.



### Livelihoods support

The process to select beneficiaries for livelihoods and small business support has commenced, with training options being arranged, focusing particularly on agriculture.

In Cebu, 375 individuals have received conditional cash grants to rebuild their livelihoods and resume economic activities, alongside training on resilience strategies and business.



### Protection activities

Project beneficiaries are being provided with information on violence against women and children, their rights and how to access social, legal and other services. Gender-based violence watch groups are being established in some areas to identify issues, and referral pathways are being established with local service providers.



### Improved coordination

AHP partners have worked with local and national government to improve the coordination of relief efforts, particularly to ensure supplies reached rural and remote communities.

## Remedios' story: surviving the cyclone with ten children

Remedios (36) and her ten children were among the thousands of people who endured the brunt of Category 5 Typhoon Rai (also known locally as Typhoon Odette), which struck the Philippines in December 2021.

Their house was damaged by the violent winds and devastatingly strong waves that impacted their community in the north of the island province of Bohol.

Although Remedios' family was safe from the wrath of the typhoon, their home and belongings were severely damaged. Remedios is worried about how her family will recover - especially given the recent difficulties they've faced due to the COVID-19 pandemic.



"I have 10 children. The eldest are twins, 16 years old. The youngest is just 4 months old. And having a huge family in difficult times like this makes me worry all the time. I love my children, and I would do anything for them. But with the lack of resources, how can we survive?" Remedios said.

"When the typhoon hit, we evacuated to another community which [was] less likely to be affected," she said.

"The next morning when we came back home, our house was flattened. Everything was gone, except our small kitchen area. That [kitchen] is where we sleep now. If it is not comfortable, some [of the children] sleep in their grandmother's house next door."

The Typhoon comes on top of the challenges of the COVID-19 pandemic, which had impacted her husband's earnings as a fisherman and her children's performance at school.

"All of [my children] are enrolled in school. During the pandemic, they had a hard time because we could not afford a cellphone which they can use for online class. When classes were still face-to-face, they got high grades but now their grades are lower."

Remedios said health concerns were one of her biggest worries. She said the family can endure not having a house for a time, but she didn't want her kids getting sick.



Through the Australian Humanitarian Partnership's Cyclone Rai response, Remedios received a hygiene kit containing a month's supply of basic hygiene essentials such as soap, toothbrushes, toothpaste, bath towels, laundry detergent, and sanitary pads. The family also received a water container and purification products to help secure access to clean drinking water.

Remedios' family was also grateful to receive a household kit containing basic items like a sleeping mat, blanket, mosquito net, and kitchen and eating utensils. These items were given to the family to help replace their belongings washed away by the waves. They also received a solar panel to help them light up their house at night and charge devices such as mobile phones, as well as shelter repair materials to help them quickly make their house more habitable after the disaster.

Remedios said the relief items were helpful to address the family's priority needs and lessen their immediate expenses. Humanitarian aid after Typhoon Rai has been essential in mitigating negative coping mechanisms families typically are forced to adopt post-disaster.

This assistance was distributed by Save the Children and its consortium partners, CARE and Plan International, in the provinces of Bohol, Cebu, and Negros Occidental, with support of the Australian Government through the Australian Humanitarian Partnership.

In addition to these relief activities, Save the Children and the consortium are providing support for the most vulnerable families impacted by the Typhoon to restart their economic and agricultural livelihoods, supporting their long-term recovery. The consortium is also strengthening community-based protection measures in target communities.

*Story and photos: Gabriella Carino, Save the Children Philippines*

## UKRAINE RESPONSE

### PROJECTED TO REACH

**169,704** PEOPLE

**55%** WOMEN & GIRLS

**25%** CHILDREN

**13%** PEOPLE W DISABILITY

### PARTNERS

World Vision Australia with World Vision Romania and AVE Copiii Moldova; Plan International Australia with the International Medical Corps UK, ADRA Romania and ActionAid



**\$10**  
MILLION  
AUD

### TIMELINE

March 2022 – June 2023



### LOCATIONS

Ukraine, Moldova  
and Romania



### Context

The Russian Federation launched a military offensive against Ukraine on 24 February 2022. According to UNHCR, as of early April 2022, some 4.5 million people had fled to neighbouring countries, and a further 7 million were estimated to be displaced inside the Ukraine.

Some 13 million people are estimated to be stranded in affected areas in the Ukraine, unable to leave due to heightened security risks, destruction of bridges and roads, as well as lack of resources or information on where to find safety and accommodation. Many people who are trapped are unable to meet their basic needs including food, water and medicines, and face risk of injury or death from the ongoing conflict.

Male citizens aged 18 to 60 are prohibited from leaving Ukraine, so 93% of refugees are women, children, and the elderly. Gender based violence (GBV) has been a prevalent problem faced by women and girls, especially for those living in the conflict-affected regions of Ukraine's east. There are also reports of children crossing the Ukrainian border unaccompanied. Besides GBV risks, unaccompanied women and girls are at high risk of sexual exploitation and abuse, as well as human trafficking.

The conflict has created significant trauma and distress, increasing the need for psychosocial support services, as well as maternal, newborn and child health facilities in areas where large numbers of refugees are transiting or seeking temporary shelter.

As part of Australia's larger humanitarian response to the conflict, \$10 million will be delivered through the Australian Humanitarian Partnership. The AHP response will take place over 12 months, with a significant focus on the protection of women, children and people with disability, focusing on regions where refugees are crossing borders from Ukraine and finding shelter within Moldova and Romania.



## Response highlights

The AHP Ukraine response had only recently commenced at the time of writing for this report.

World Vision and local partners have been addressing key protection needs of Ukrainian refugees in Romania and Moldova. It has prioritised the provision of mental health and psychosocial support (MHPSS) to respond to the impacts of conflict and displacement on refugees' mental and emotional wellbeing and prevent longer term consequences of trauma. This is being done through setting up, equipping, and running inclusive and accessible service hubs. In addition, World Vision consortium is seeking to provide refugee children with access to education, to ensure they do not miss learning opportunities.

The Plan consortium is using a decentralised and mobile approach to deliver health, psychosocial support, child protection, gender-based violence and water, sanitation, and hygiene services to affected populations in the areas around Odessa and at nearby transit centres across the Romanian border, focusing services on women, children, adolescents, the elderly, and people with disabilities.



*Image: A mother and child refugee after crossing the border from Ukraine to Moldova, March 2022. Photo: World Vision*

# HUNGA TONGA – HUNGA HA'APAI VOLCANO DISASTER AND COVID-19 RECOVERY AND RESILIENCE

## PROJECTED TO REACH

**61,379** PEOPLE

**56%** WOMEN & GIRLS

**28%** CHILDREN

**2%** PEOPLE W/ DISABILITY

## PARTNERS

CAN DO with Plan International Australia, CARE Australia, Oxfam Australia, Save the Children Australia, Civil Society Forum of Tonga, Free Wesleyan Church of Tonga, Live & Learn Tonga, MORDI Tonga Trust, Talitha Project, Tonga Ministry of Education & Training, Tonga National Council of Churches and the Seventh Day Adventist Church of Tonga



**\$2**  
MILLION  
AUD

## TIMELINE

June 2022 – October 2024



## LOCATIONS

'Eua, Tongatapu  
and Ha'apai

## Context

On January 15, 2022, the Hunga Tonga–Hunga Ha'apai undersea volcano in Tonga erupted in a blast that was felt across the entire Pacific. The eruption released an over 20 km high cloud of ash and caused a Pacific-wide tsunami, resulting in casualties and damage as far away as North Asia and the Americas.

In Tonga, four people are reported to have died as a result of the disaster and the impact was felt across the country. Early estimates indicated that 85,000 people across 14,000 households, accounting for 84% of the total population, were affected. Ashfall had significant impacts on shelter, and many homes in coastal areas were also inundated with sea water. Access to drinking water remains a pressing need, as does psychosocial support.

Ashfall from the volcano and seawater inundation will likely have an impact on food security and livelihoods over the longer-term, as the agricultural sector sustained an estimated AUD\$30 million in damage. The majority of households in Tonga rely at least partly on agriculture for income.

The Hunga Tonga–Hunga Ha'apai disaster also coincided with Tonga's first outbreak of COVID-19, with two cases detected during routine testing of port workers in February 2022. The Government of Tonga declared a state of emergency and enforced restrictions, including a rolling lockdown and curfew.



## Response highlights

The Hunga Tonga–Hunga Ha’apai response had only recently commenced at the time of writing for this report.

Five AHP partners are working collectively on the response with local implementing partners. The response aims to address the immediate humanitarian and early recovery needs of those affected by the Hunga Tonga-Hunga Ha’apai volcanic eruption and tsunami, while at the same time ensuring that the people of Tonga (with a specific focus on the most vulnerable) are well prepared for and more resilient to future disasters and climate change.

The response will work closely with government and build coordination capacity in Tonga on disaster response; provide psychosocial support; repair and increase access to WASH infrastructure in communities affected by the volcano; support livelihoods and resilience activities for women and girls; and bolster community disaster preparedness, including through prepositioning of supplies for future disasters and emergency preparedness activities in schools.



*Image: Caritas Tonga staff prepare supplies to assist communities affected by the volcano eruption and tsunami.  
Photo: Caritas Tonga*



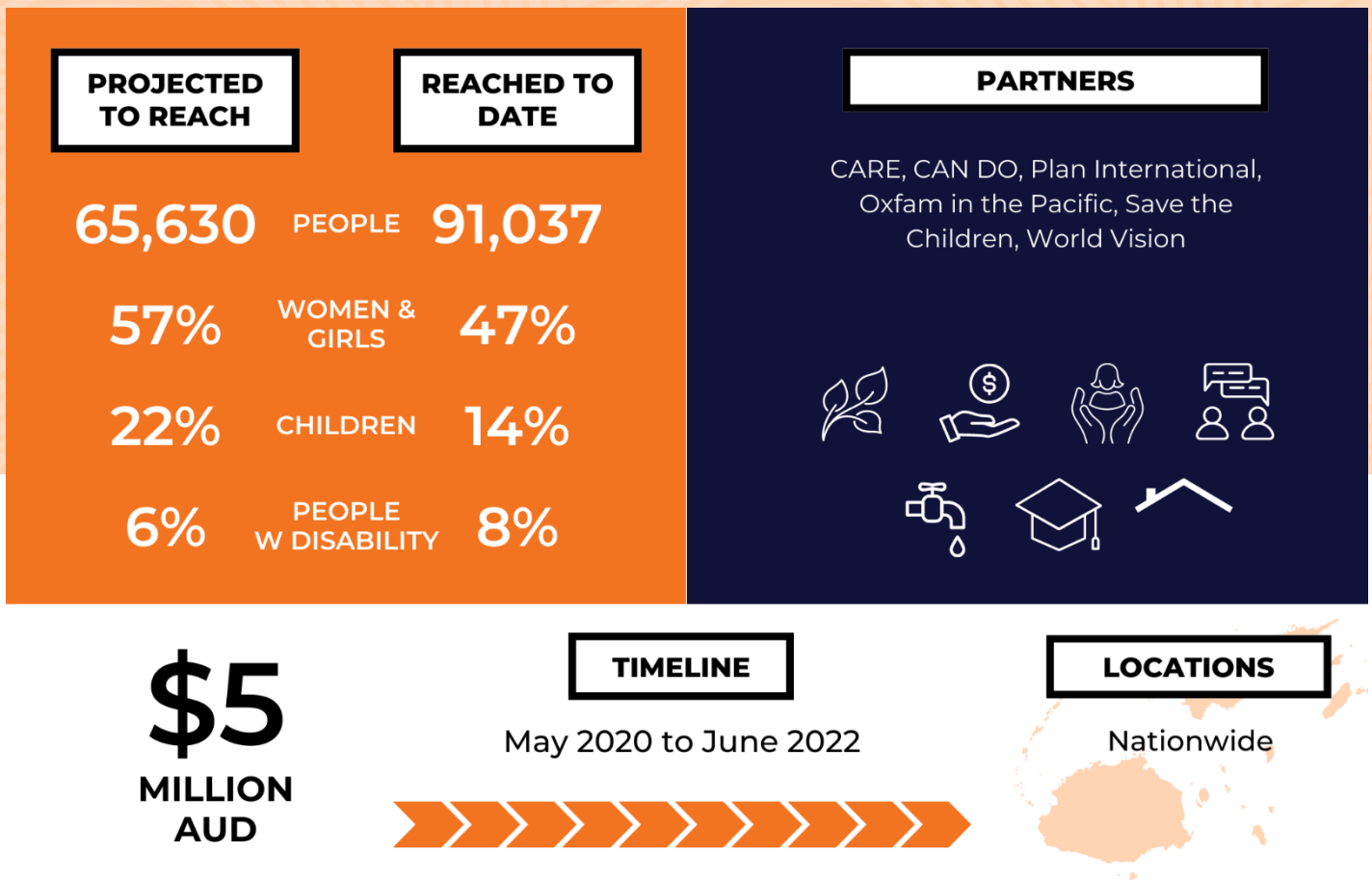
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## Completed responses





## COMPLETED COVID-19 RESPONSES – FIJI



### Context

In Fiji, where tourism accounted for nearly 40% of GDP prior to the pandemic, border closures to stop the spread of COVID-19 had dramatic economic impact across the country.

In addition, Tropical Cyclones Harold and Yasa hit Fiji in April 2020 and December 2020 respectively, causing widespread destruction, with COVID-19 exacerbating existing vulnerabilities and magnifying the impacts of the cyclones. In response the AHP delivered two staggered responses combining support efforts for the impacts of both the cyclones and COVID-19, with activities for both activations completed in June 2022.

All six ANGOs participated in the response, along with local partners. The responses sought to assist people living in rural, semi-urban and urban locations who were economically and socially affected by COVID-19, especially women, youth and adolescents, people with disabilities and LGBTIQ+ people to establish sustainable and diverse livelihoods and meet their protection needs. This was achieved by delivering a suite of interventions, based on assessments and analysis, such as capacity building, provision of resources, technical advice, demonstrations, access to longer term financial support, social services like counselling, and ongoing mentoring.

A significant COVID-19 outbreak in 2021 in Fiji increased demand for services as widespread lockdowns and movement restrictions were rolled out across the country. Partners adapted their activities to continue to work through this period, supporting resilience.

## Response highlights



### Psychosocial support

The economic and health stresses created by COVID-19 as well as the impact of TC Yasa led to high incidence of mental health issues at the household and individual level. Empower Pacific (supported by Plan) supported Fijians through trauma counselling over the phone using a toll-free-line (see case study on the next page). The presence of the District Council of Social Services (DCOSS) at the community level (both formally and informally) also proved valuable in ensuring mental health services reached communities, as they became advocates. Subsequently, DCOSS was able to create referral pathways for psychosocial support services to Empower Pacific. Mapping of referral processes was identified as a key component for responses moving forward so that partners are able to provide clients with a practical referral pathway and manage expectations.



### Sharing knowledge on child protection

Save the Children ran collective Child Safeguarding training for local AHP partners. From this, participants were able to form a Viber messaging group to be used for information sharing despite lockdowns and movement restrictions. The platform was also used to educate AHP partners about upcoming training opportunities and to share resources to be used in individual agency programming.



### Inclusive activities to identify needs of people with disability

The Fiji Disabled Peoples Federation provided PPE and dignity kits to women with disabilities, and carried out visits to its affiliates in Northern Division to further ascertain the needs of people with disabilities in communities and settlements.



### Direct cash support

Due to illness and restrictions related to COVID-19, usual income generating activities were affected. Oxfam assisted 933 women who usually depend on fisheries and aquaculture for incomes with direct cash transfers to use for transportation, market fees and basic household items.

## Mental health humanitarians support Fijians through COVID-19



Mental health and psychosocial support is a crucial part of humanitarian response. But during a crisis, it can sometimes be overlooked in the rush to meet people's basic needs, like food, water and shelter. Through the Australian Humanitarian Partnership's (AHP) COVID-19 response, Empower Pacific supported Fijians grappling with the economic, social and health repercussions of the global pandemic.

Empower Pacific had already been involved in several AHP responses, including Tropical Cyclones Harold and Yasa, providing direct mental health and psychosocial support to those impacted by disasters.

But COVID-19 created unprecedented demand. From the economic tumult as international borders closed, to the deadly spike in COVID-19 cases in 2021 from the highly infectious Delta variant, the pandemic has had a huge impact on the lives of Fijians, including on their mental health. During the 2021 lockdown, Empower Pacific was fielding around 30-40 calls per day on its toll-free counselling helpline.

"When I was rostered in to Empower Pacific, I felt really fortunate to be on the Australian Humanitarian Partnership team, going to places I've never been before in Fiji, and going with teams to support those affected by disasters straight away," said counsellor Maritino Votiva.

"Before COVID I was going to the maritime islands for two to three weeks to give support, and then travelling back. When COVID started it was a different story, and something we didn't expect in terms of demand on our services. Now we are operating a 24-hour counselling helpline service, and clients are referred to counsellors who are on call during those times."

Maritino said that COVID-19 had impacted clients in many different ways, from financial stress, to health worries, isolation and grief.

"Families were just not expecting something like this to happen," he said. "For example, one client had a great job, lots of good things going on, but with the tourism sector shut down he lost his work and just didn't know what to do. We scheduled talks about how to work things out. Thankfully he's now managed to move into other areas for work and find other good things to focus on."

Lockdowns led to an increase in gender-based violence, and Empower Pacific counsellors and social workers have referral pathways with other providers to connect clients with support or legal services. Loss of livelihoods and jobs was a driver, Maritino says, but one positive was been more men reaching out for help to manage their fears and frustrations.

"They are now coming out of their shells, they are understanding they can come and talk and share in a confidential environment and can be vulnerable," he said.

"Men are wanting to provide for their families but they don't have enough, and they are hurting when they see their families going without. They are feeling unsure of what to do. We give them that moral support."

Empower Pacific also partnered with the Fiji Ministry of Health to provide counselling services to those in hotel quarantine or home quarantine, including health workers who had to isolate after being exposed to positive cases.

"Some enjoyed [the quarantine period], if they were more introverted, but for many it was a real challenge being alone in a room for two weeks, only waiting for meals three times a day. Some said it was a feeling like they were in prison. So through our services we were reaching out, having that conversation with them, and bringing some normalcy into their lives in quarantine," Maritino said.

Fiji's LGBTIQ+ community has faced unique challenges, and through its partnership with Rainbow Pride Foundation, Empower Pacific has provided targeted counselling.

"Some, including transgender individuals, were having to move back home to family due to livelihood issues and losing work, and sometimes that was taking them back to a situation where they are more vulnerable than when they were living independently. We have been trying to support them in building themselves back up," Maritino said.

Financial pressures pushed more families back to living under the same roof, and support in navigating those relationships was an area of high demand, said Aarti Akaansha, also a counsellor with Empower Pacific.

"There were families who were renting because they had a job, but they had to come back to their in-laws or parents place, and they are seen as a burden for not putting food on the table, and they were struggling with that," Aarti said.

Lockdown and isolation has also had a big impact on those who were already experiencing depression or other mental health concerns, Aarti said.

"There's people who were anxious from seeing the news, or adapting to the new way of living, and patients with pre-existing depression had these flare ups, because their ways of coping were going out and about and then they were put in these lockdown circumstances," she said.

Both Aarti and Maritino are passionate about their work, and said the increased demand for services when people needed help was a good thing.

"For example, one night, midnight I was asleep, and a call came from the helpline. This client had received news he was COVID-positive, and his soon-to-be wife had just passed away from COVID. It was about just being there in that moment, listening, and helping them," Maritino said.

Aarti agrees.

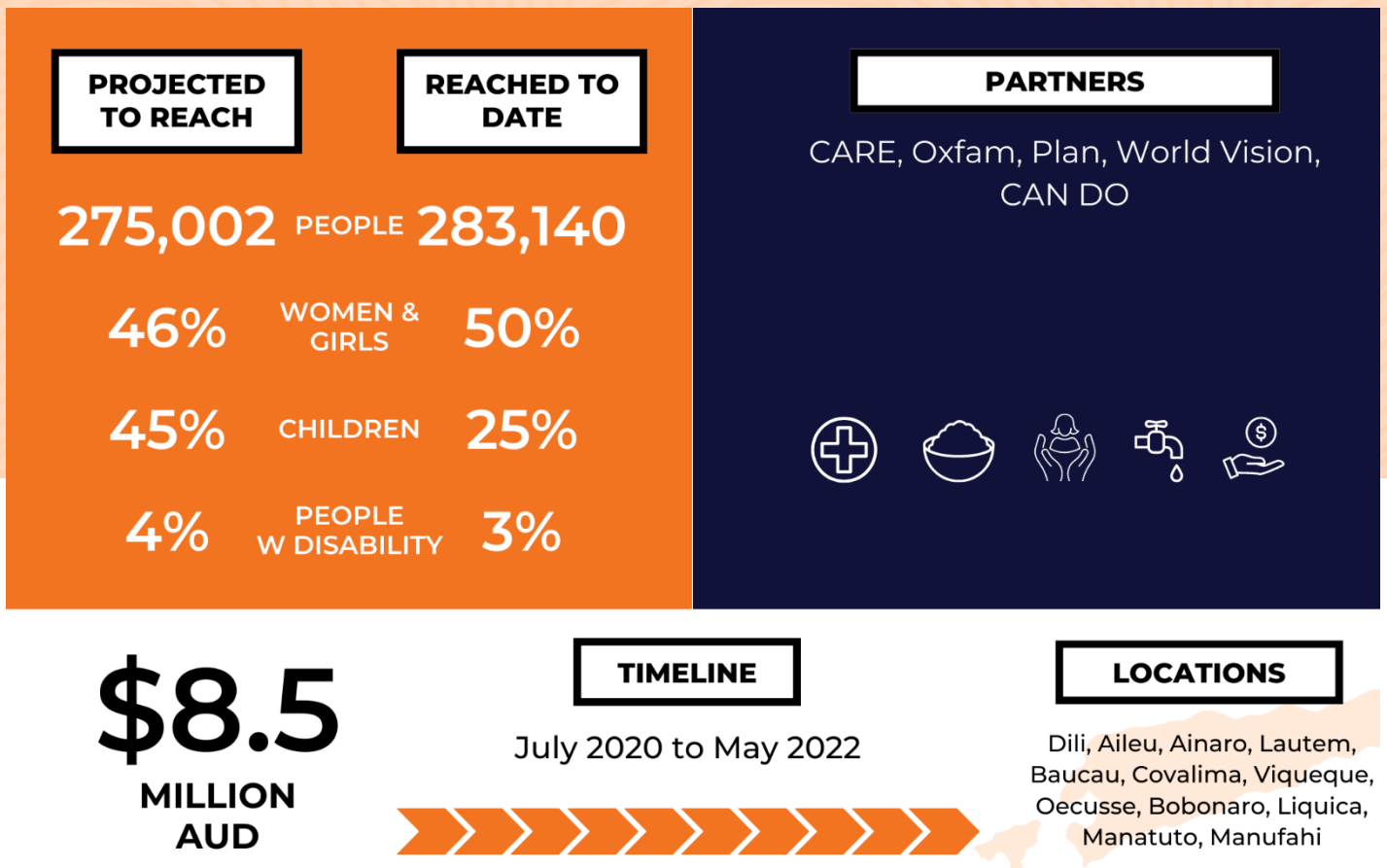
"It was quite challenging, with the increase in demand, but I felt good that people were coming to us, as they needed our support. So I felt good when I saw the numbers [of clients] going up. When you are passionate about your work, it helps!"

"We are really thankful of the partnership with AHP for supporting these services for people, who before did not know they could access them, for free, and get this support," Maritino said.

Those in Fiji seeking support can call or text Empower Pacific on the toll-free hotline by dialling 5626. Empower Pacific is supported by ChildFund Australia under the Plan International Australia consortium.



## COMPLETED COVID-19 RESPONSES – TIMOR-LESTE



### Context

Five AHP partners worked collectively in Timor-Leste to provide support to communities during the COVID-19 pandemic.

Initially, AHP partners focused on the immediate needs of rural communities, such as access to information on COVID-19, precautionary measures to protect against disease, and ensuring that vulnerable populations had improved health and livelihood conditions. Key activities included improving water systems and handwashing facilities; strengthening socio-economic coping mechanisms for vulnerable households; and increasing community knowledge on child protection and gender-based violence referral services.

Following widespread flooding in April 2020, and again in 2021, partners expanded activities to assist vulnerable flood-affected groups, as well as beginning to share vaccine rollout messaging to increase awareness of COVID-19 and the vaccine, prevent transmission and combat misinformation. The AHP consortium also provided technical and logistical support to the Secretariat of Civil Protection in their coordination and delivery of response operations.

## Response highlights



### Behaviour change on handwashing

Partners reported an increase in knowledge around the risks of COVID-19 transmissions and effects after community-level awareness sessions on handwashing and health and distribution of information materials. Reporting showed that people had started to comply with COVID-19 protocols mandated by the Ministry of Health, and most households had homemade “tipi taps” and had begun using them regularly to wash their hands. The effective use of masks on a regular basis and social distancing culture significantly improved in the AHP coverage area, and teachers reported they no longer had to tell students to wash their hands because they would do it on their own when entering the school compound and coming back from the toilet. During a monitoring visit conducted at the community level, the project team observed good handwashing practices being used in schools, the community and in public places. The installation of handwashing facilities in public places coupled with awareness messages increased the likelihood of community members washing their hands.



### COVID-19 communications

During the second half of 2021, partners invested in raising awareness of COVID-19 prevention and vaccine uptake in their respective areas of coverage through one way communication channels (radio, megaphone, banners, posters), interactive sessions and through social media. As of December 2021, an estimated 319,927 and 285,676 people were reached by information on COVID-19 prevention messages and vaccine rollout messages respectively through one-way channels, while 4,142 people were reached through interactive sessions mainly in the form of community dialogues. The partners found many examples of changed mindsets and attitudes in the community towards COVID-19 vaccine and compliance to COVID-19 prevention protocols.

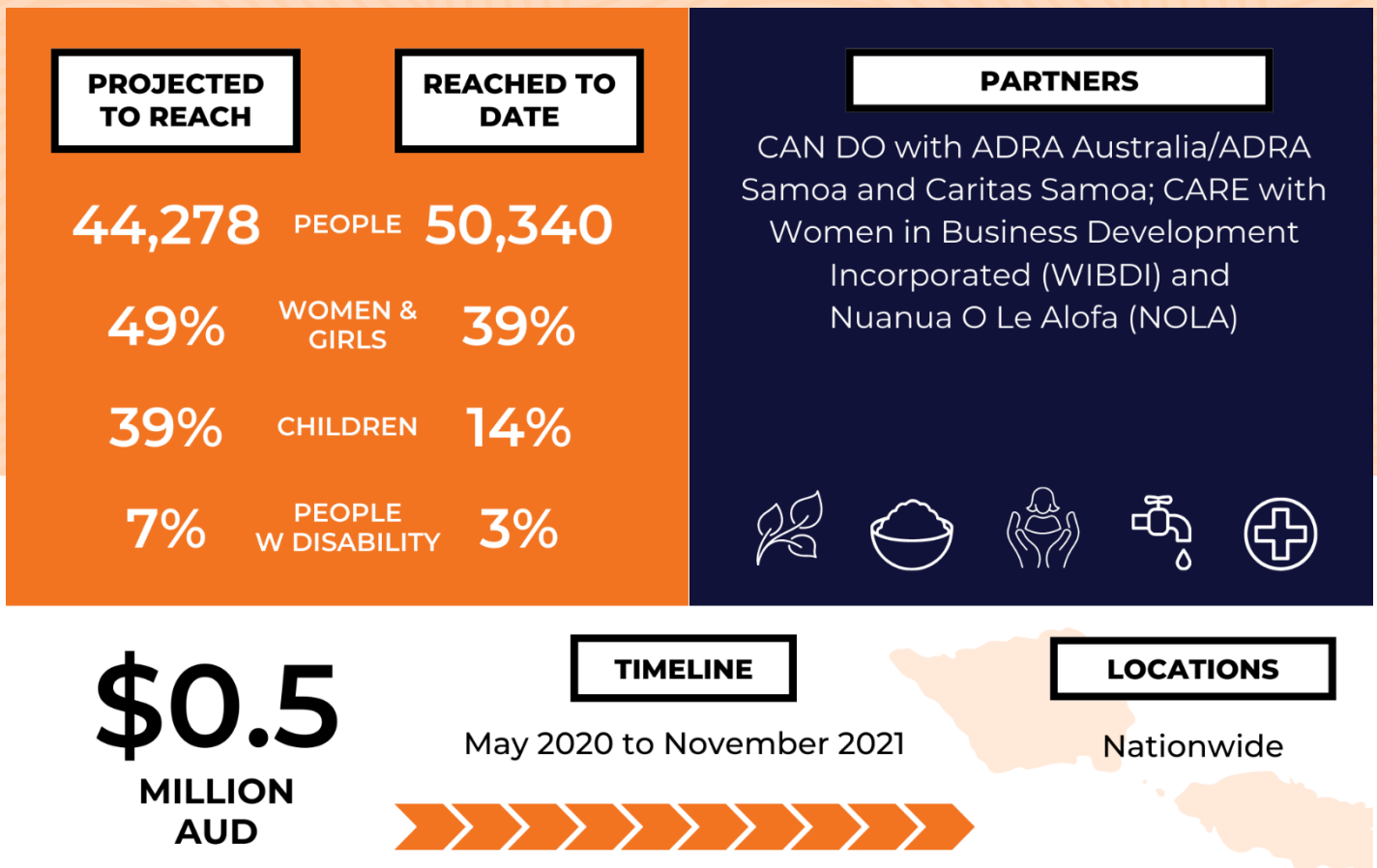


### Food package distribution to vulnerable households

The COVID-19 pandemic and the State of Emergency restrictions affected the lives of people in rural areas, especially vulnerable households. The AHP response sought to address both immediate needs and provide longer-term solutions to food insecurity. Food package distributions by partners alleviated general food shortages in the community. A total of 5,158 vulnerable households received food packages which allowed them to cope with food shortages due to restrictions and drought while waiting for food basket distributions from the government. World Vision provided agricultural training to introduce superfoods (nutritionally rich produce such as soy, sweet potato, and mung beans) to 1,801 households in Baucau and Bobonaro. Supplementary nutritional awareness raising and cooking demonstrations on how to prepare superfoods in a variety of ways educated parents on how to meet the nutritional needs of their families, in particular young children.

*"When the Government launched the COVID-19 vaccination, I was afraid to be vaccinated because I have heart disease and high blood pressure. However, after attending this socialisation organised by the project that was facilitated by health post doctors, watching the videos of people with heart disease taking the vaccine, I decided to be vaccinated right after." - AF, 42, community member, Suco Batugade*

## COMPLETED COVID-19 RESPONSES – SAMOA



### Context

The Samoa COVID-19 response was implemented by CAN DO and CARE, with local partners. While Samoa remained largely COVID-19-free until early 2022, the economic impacts of closed borders hit the country's tourism industry and reduced labour mobility opportunities.

AHP response activities were designed to mitigate the socio-economic, food and nutrition security, livelihoods, and health impacts of COVID-19. Partners focussed on resilience, increasing household food production through training, hygiene promotion, and dissemination of information of available support services for food, gender-based violence, physical health, and psychosocial support. A particular focus was placed on ensuring women, female headed households and people with disabilities were supported and reached through all activities. CAN DO additionally focussed on contextually appropriate COVID-19 messaging to be aired on local church media networks to complement activities with local communities and to support behaviour change initiatives.

## Response highlights



### COVID-19 information and hygiene products

The project exceeded the target of 13,600 people for this outcome, by reaching a total of 21,641 people with COVID-19 and public health information, as well as distributing hygiene items such as soap, disinfectant, and handwashing bowls to 2,584 households to support good hygiene practices.

863 individuals with disabilities and their families benefited from distribution of hygiene items and hygiene/risk education. This was conducted through family-level awareness sessions both to comply with COVID-19 restrictions on gatherings, as well as to cater for the diverse accessibility needs of persons with disabilities themselves.



### Improved water storage and access

Caritas Samoa's response focused on increasing water security for 25 vulnerable families through water collection systems. All the beneficiaries who received water tanks live in isolated areas away from their main village communities and had been without a consistent supply of water to their households for up to ten years in some cases. Many had previously used barrels as their main source of water storage and had to walk upwards of two kilometres to access open streams or other water sources. The lack of water led to many hardships in terms of water collection from distant locations over very rough terrain and social and health challenges, particularly for people with disabilities, the elderly, and children. One of the additional benefits was that in many cases it was young girls who had to walk to fetch water, which can be dangerous for them on the regular walk and impact their time at school receiving an education.



### Seedlings and home gardens for food security

14,052 people were reached by WIBDI through seedling distribution and information about backyard gardens. A virtual market initiative also created a new way of earning income during COVID times.

NOLA distributed seedlings to 400 people with disabilities and their families to support the development of disability accessible gardens on Upolu, Savaii and Manono islands, in collaboration with WIBDI. They worked with the whole family to encourage the garden to be developed and tended to by persons with disabilities themselves and facilitated family-level discussions on methods to improve disability access to the garden and engage the person with a disability.



### Inclusive communications

In September 2021, NOLA organised and led a multi-day forum with members who are deaf and hard of hearing as part of this project. This was driven by evidence showing that due to low literacy rates amongst the deaf community, this group was particularly vulnerable. Throughout outreach programs, NOLA found that approximately 50% of the 200 persons who are deaf and hard of hearing that were visited did not understand formal sign language, and over 70% could not read and write. This meant that information pertaining to the COVID-19 pandemic was not reaching this community.

From this learning, and in partnership with the Deaf Association of Samoa (DAS), NOLA designed a one-week program in a remote part of Asau, in Savaii. 60 members who were deaf and hard of hearing were invited to the program, which included in-depth training related to COVID-19 preparedness, handwashing practices, discussions around gender-based violence and protection issues, and a core component on financial literacy.



## Backyard gardens helping Pacific islanders put food on the table during COVID-19 lockdowns and travel restrictions



*Photo: Agriculture is now supporting food security and livelihoods for the Ketesa community. Credit: CAN DO Fiji*

When Pacific countries began taking action to protect their citizens from the COVID-19 pandemic in early 2020, the biggest hit for many communities initially was the closing of borders, rather than the virus itself.

In Fiji and Vanuatu, border closures shut down tourism practically overnight, leaving families struggling to put food on the table. Elsewhere, food imports and other trade was interrupted, food prices spiked, movement restrictions made it harder to access markets, fewer remittances were being sent home, and prospective seasonal workers lost their chance to go overseas.

The AHP was activated for a COVID-19 response across the region to address the health and economic fallout.

Five countries – Timor-Leste, Papua New Guinea, Solomon Islands, Vanuatu and Fiji – already had strong country coordination functions in place from the AHP Disaster READY program, which they used to mobilise the response. In Tonga, Samoa, Kiribati and Tuvalu, Australian NGOs worked closely with local partners in-country to support COVID-19 awareness, water supply, handwashing facilities and livelihoods support.

Food security was a significant concern across the region, and in each country, AHP partners looked for local solutions to support better access to nutritious food.

While direct supply of food was part of the solution for those with immediate needs, in many cases, the most important intervention was in the backyard.

With uncertainty about how long the COVID-19 pandemic and border closures would go on for, small-scale vegetable growing has been key to community resilience.

This proved particularly important during Fiji's outbreak of the Delta strain in 2021.

Before the COVID-19 pandemic, business had been thriving for the small woodcarving community of Ketesa, located outside of Suva. But their main customers were hotels and retail stores catering to tourists. Once borders closed, the community was struggling to make ends meet.

With the support of AHP partner Church Agencies Network Disaster Operations (CAN DO), an umbrella organisation for churches and faith-based development actors, the Ketesa community was supported with agricultural kits, seedlings, agriculture training, financial literacy training and cash assistance.

The 90 residents of Ketesa gained permission from the Fiji Government to utilise an idle piece of land nearby to plant vegetables. This community farm has been a success, filling plates with healthy food while excess vegetables are sold at market.

"From that reserve land, we have planted dalo (taro), cassava and vegetables of all sorts. We have been able to put food on the table," said Setareki Kotoisuvavou of Ketesa Methodist Church.

"It has always been a collaboration for us. We work as a community in this project where women and children tend to the vegetable farm, ensuring crops are watered daily, while men from our community dedicate two days a week to work on the farm," Mr Kotoisuvavou said.

"We have come a long way since we started. We were able to buy the necessary equipment and organic fertilizer to help us cultivate the land and we also purchased dalo tops to extend our farm," he added.

"When the second outbreak hit Fiji this year, we didn't feel much, as we already had our farm to fall back on."

Elsewhere in Fiji, taxi driver Mohammed Sameem had a similar experience when the second wave of COVID-19 hit. He too had a thriving vegetable garden at his home in Sigatoka after support from CAN DO through the AHP activation.

"The taxi business isn't going well. Most of the time it is just parked at home. I wasn't driving when we had the second outbreak, but we were getting help from the vegetables that we planted," Mohammed said.

"I'm thankful to Father John [of the Anglican Church] for thinking about us regardless of our religious background. He shared the seeds in the neighbourhood to those who lost their jobs or had reduced hours and it has been really helpful with our food supplies," he said.

The AHP COVID-19 response has supported a range of food security initiatives across the region.

Thriving demonstration and community nurseries have inspired communities in Solomon Islands to expand their home gardens both in the capital Honiara as well as in more remote communities, while providing seedlings and information on important topics such as pest control and planting techniques.

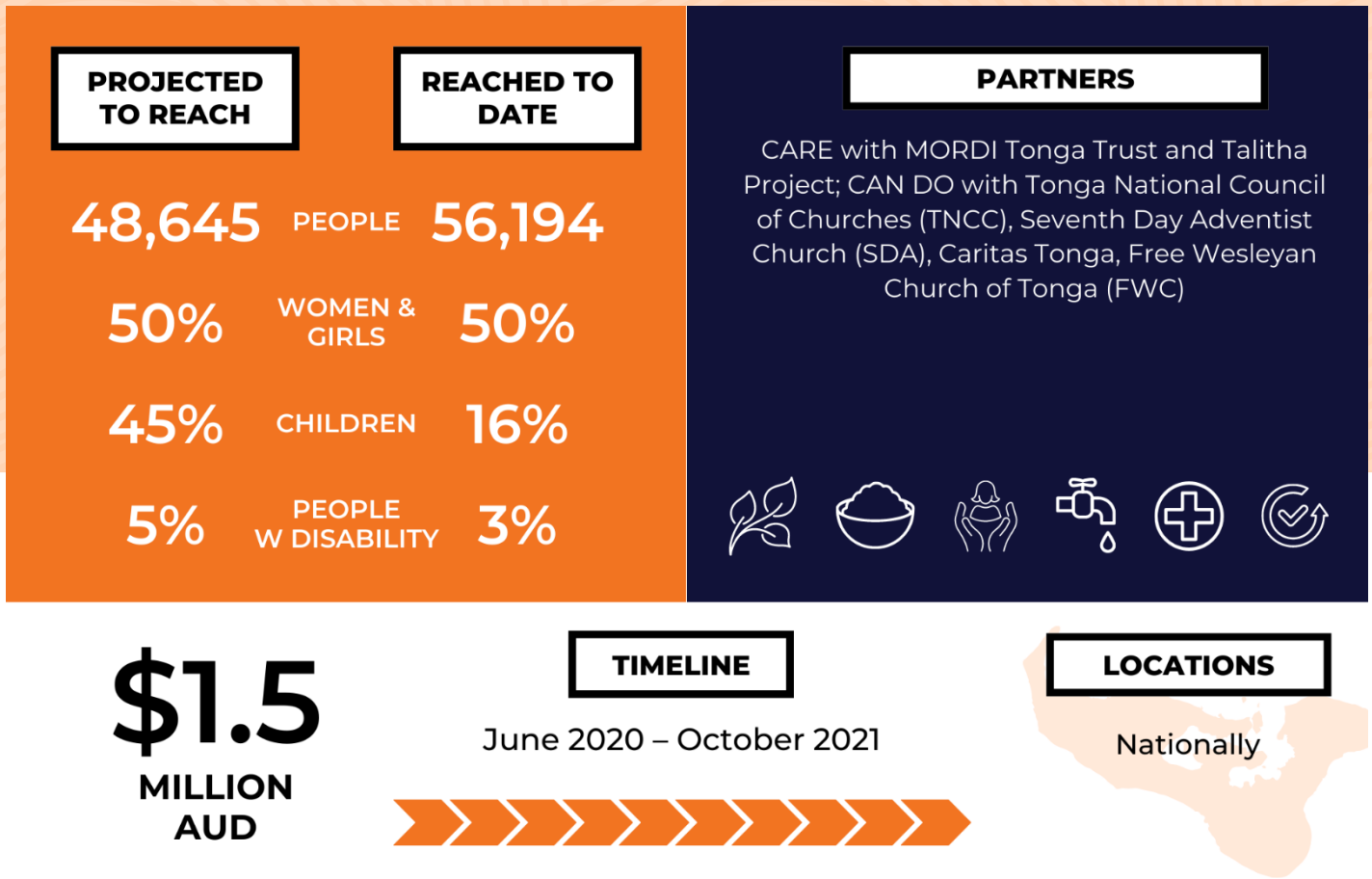
"This has been very beneficial to us," said Mary, a mother of five and the sole provider for her family in Guadalcanal, of a Save the Children-implemented project in her village. "In the past we did not have such nursery houses and we are very happy with it being established, because we have learned a lot from it."

In Papua New Guinea, Oxfam has supplied communities with high-protein corn seeds to improve nutrition as well as supplies for bulb onion farming, a significant cash crop, to support livelihoods.

In Tonga, farming clusters in 23 communities worked together to support household food security by growing vegetables collectively in shared allotments, while in Vanuatu, women were supported to boost their kitchen gardens through training. In Samoa, a partnership between CARE Australia, Women in Business Development and the national disability advocacy organisation Nuanua O Le Alofa also supported accessible home gardens and food self-sufficiency.

The collective efforts of partners in the AHP response are being assessed through a continuing evaluation focusing on food security, and it is hoped that the gardens established under the activation will continue to support communities and households well after borders have reopened, bolstering resilience to future disasters or crises.

## COMPLETED COVID-19 RESPONSES – TONGA



### Context

Category 5 Tropical Cyclone Harold made landfall in Tonga on April 9 2020 causing widespread destruction across Tongatapu, 'Eua, and Ha'apai. Housing and infrastructure, water storage and food crops were severely damaged, and critical gaps in psychosocial support identified. TC Harold occurred in the context of the COVID-19 pandemic, potentially exacerbating impacts and hampering recovery efforts. It was identified that recovery from TC Harold was critical to maintaining preparedness for the potential of a COVID-19 outbreak in Tonga.

Tonga recorded no cases of COVID-19 until March 2022, however closed borders had significant economic impacts, particularly on the tourism sector and for those seeking overseas work opportunities.

CAN DO and CARE implemented activities to support to communities prepare for and respond to the potential socio-economic and health impacts of COVID-19, recognising that relief and recovery efforts were important to meet objectives. Priorities were guided by, and complementary to, national government planning and activities, with activities targeting the most vulnerable in communities, including a focus on women, girls, and people with a disability.



## Response highlights



### Home gardens and allotments for food security

CARE partner, MORDI TT, focussed on two key areas relating to food security; home gardens and allotments. 6,049 households (36,393 people) in 110 communities benefited from the home garden initiative which was more than planned due to interest. They were provided with planting materials, especially vegetables and fruit trees, based on community and household requests. At the household level the primary focus was on women, and households and communities were provided with seeds and seedlings, as well as training on propagation and home gardens.

The project also specifically supported 94 women's groups, through support to tax allotments and cluster farms, as well as handicrafts and commercial crops.



### Water tank installation and cleaning

MORDI TT delivered and installed a total of 265 water tanks on 'Eua, directly benefitting 1,430 people, and 231 water tanks in Tongatapu, benefitting 2,443 people. Access issues for people with disabilities were considered in the community design and installation of water tanks, and a total of 101 people with disabilities have benefited. Some tanks were also installed in public areas. In addition to tank installation, the cleaning of existing water storage tanks and guttering as well as water purification also resulted in 1,397,000 litres of water being cleansed and purified for the community to drink. Many of the tanks cleaned by MORDI TT during the project had not been cleaned since installation and represented a major health risk to users. In the event of a COVID outbreak or drought, this means target communities will have enough drinking water to survive.



### Improved stoves

The need for fuel-efficient stoves was raised by women's groups as a development priority through their community development plans. Traditionally most have relied upon open fire for cooking, which has the limitations of being fuel inefficient and smoky. The women's groups were provided with rocket stoves through this project. Rocket stoves need less firewood and so are more fuel efficient; they produce less smoke; and cooking times is much reduced. As it was a new technology for the women, MORDI TT had to introduce the concept and showcase the technology first, then roll it out once it was clear there was community acceptance. They have since built on this initiative with other communities.



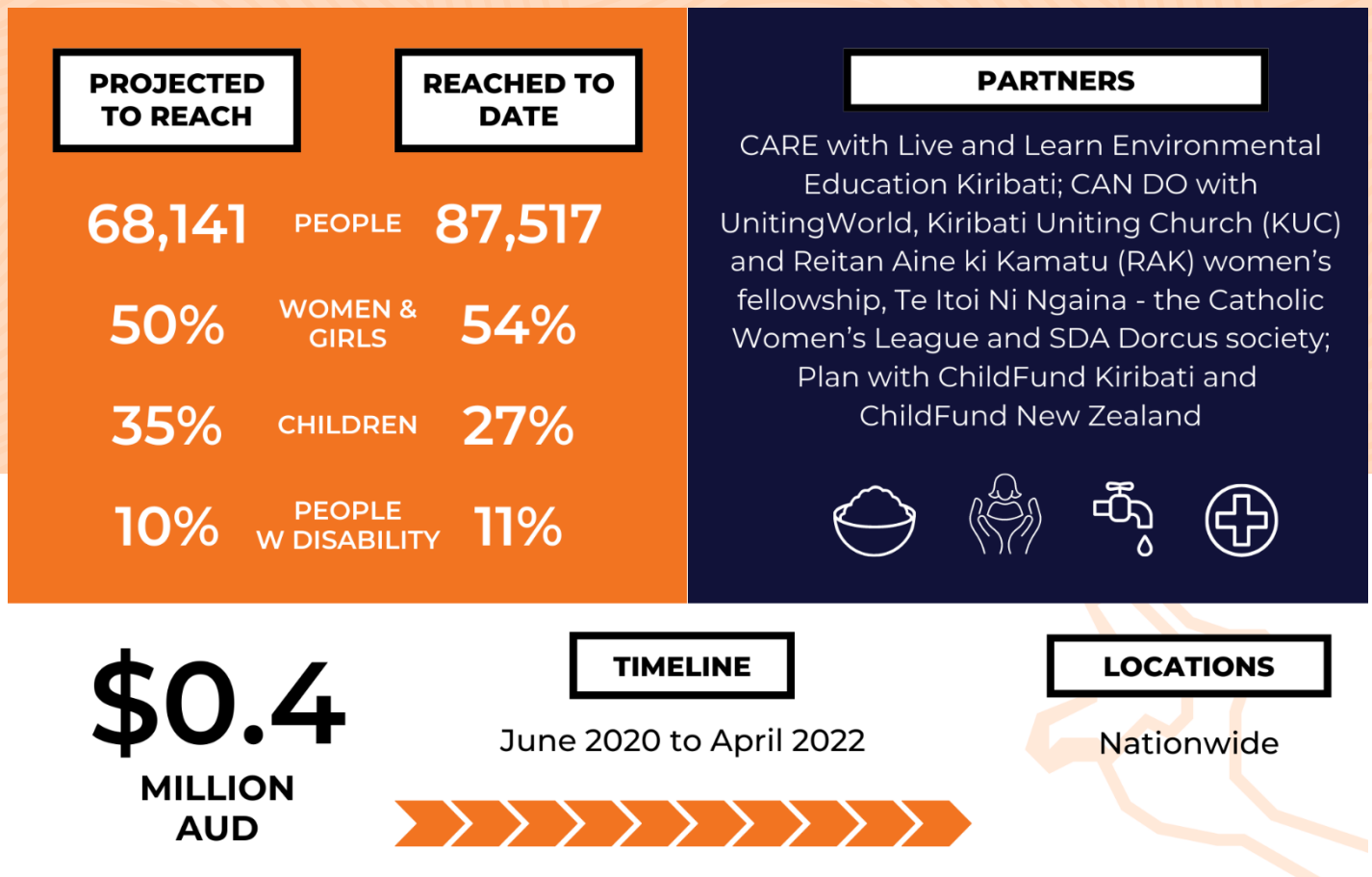
### Psychosocial support

CAN DO partners focussed activities around child protection, counselling and psychosocial support, and given the quality of the training and targeting of these activities to relevant emergency stakeholders including faith leaders, community-based organisations, schools and relevant Government Ministries, laid foundations for future emergencies. One-way messaging for Risk Communication and Community Engagement regarding psychosocial support and COVID-19 preparedness achieved a large reach due to the use of multiple radio and TV broadcasts.

The project provided training and mentoring in post-disaster psychosocial support to a total of 68 people including church chaplains and other targeted service providers, and conducted weekly interactive sessions with 25 theological students. Those trained went on to provide psychosocial support and trauma counselling to 500 community members affected by TC Harold and individuals experiencing isolation and other social impacts because of the COVID-19 lockdown measures.



## COMPLETED COVID-19 RESPONSES – KIRIBATI



### Context

As part of AHP's Pacific response to COVID-19, Plan, CAN DO and CARE implemented a COVID-19 preparedness and response initiative in Kiribati.

Plan supported communities through the provision of information, education and communication materials for awareness-raising; capacity building for community coordination; contextualised hygiene awareness campaigns promoting handwashing with soap at schools, maneabas (community centres) and households; and construction/distribution of handwashing stations and PPE for improved hygiene. CARE provided support to households in North and South Tarawa and residents of Te Toa Matoa disability centre to reduce the risks of COVID-19 through improved food and nutrition security, risk communications and hygiene awareness. The CAN DO consortium worked to establish a network of Chaplains across the islands trained to provide psychosocial support to address fear and stress associated with COVID-19, promote Government-led hygiene awareness messages, as well as address the risk of increased gender and family violence during COVID-19 restrictions through appropriate referrals.

## Response highlights



### Mask sewing

In May 2021, the detection of COVID-19 in Kiribati led to widespread concern from organisations and businesses as there were no masks locally available to purchase. Plan's local partner, ChildFund Kiribati, received many requests for support and was able to upscale their existing production of masks by paying sewing groups \$2 per mask. An additional 1,250 masks were distributed to frontline workers, including government ministries, police, WHO and the United Nations, INGOs, teachers, and vulnerable groups such as older adults. Te Toa Matoi, an organisation for people with disabilities, received 220 masks to distribute, in addition to soap and IEC materials. Social media posts from ChildFund Kiribati also gave people simple instructions on how to sew their own homemade masks and by May 2021, more than 10,000 people had watched the video at least once. This activity was sustainable, encouraged resilience and community ownership, and could be upscaled again. The sewing groups received \$4,240 and significant community appreciation for their contribution.



### Theologically-based COVID-19 messaging

Approximately 96% of Kiribati's population identifies as Christian. UnitingWorld developed, translated and contextualised culturally relevant and biblically based information, education and community resources in consultation with Ministry of Health & Medical Services Chief Health Promotion Officer and Public Health Promotion Team and endorsed by the government. Resources included Theological Guidance on responding to the threat of COVID-19 in support of government messaging, and protection risks in the home.



### Food security through keyhole gardens and community nurseries

In collaboration with their WASH Community Engagement Team, more than 40 training workshops were conducted by Live and Learn Environmental Education Kiribati's Food Security Unit for key stakeholders, churches, target communities and the Te Toa Matoi Disability Centre on Community Keyhole Gardens. Through this activity, a total of 2,884 households and 102 residents of Te Toa Matoi Disability Centre were trained on growing food in small gardens in North Tarawa, South Tarawa, and Te Toa Matoi.

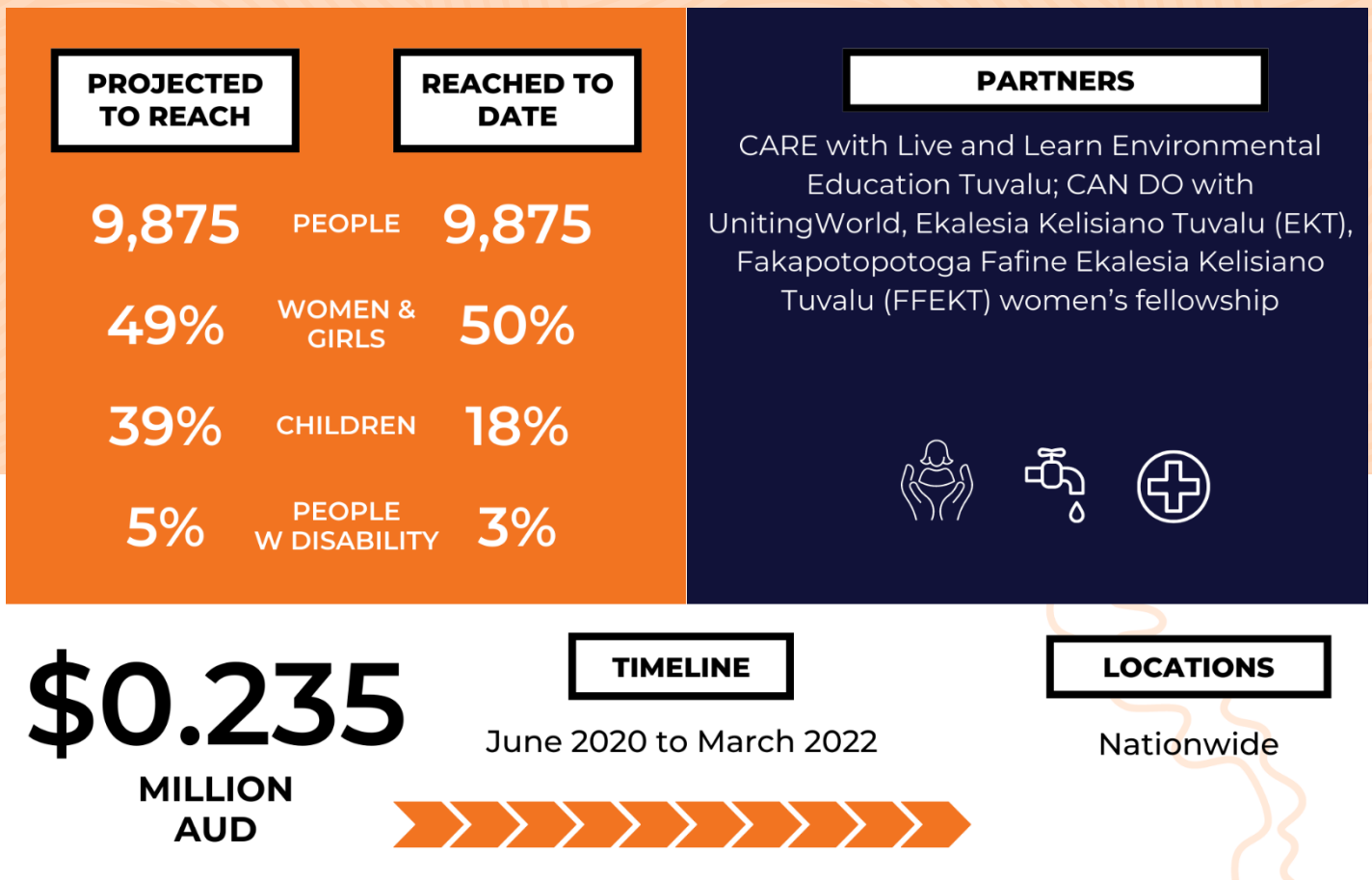
In North Tarawa, a nursery was successfully established at the beginning of 2021, with Live and Learn working with the community to set up a solar water irrigation system, fencing, sheds, greenhouses, and a compost house made of cement brick. More than 10 training sessions were held at the nursery over the life of the project for those in the surrounding communities, along with community members from other isolated villages who were interested in participating. Overall, the nursery produced around 11,000 seedlings, comprising 3,000 cabbages, 2,000 cucumbers, 3,000 tomatoes, 1,000 eggplants, 1,000 peppers, and 1,000 watermelons.



### Reflection and learning

Live and Learn Environmental Education Kiribati found increased efficiency and sustainability due to linkages with COVID committees set up by the Ministry of Health. Live and Learn provided data to the Ministry so they were aware of what was happening across the country in terms of COVID awareness (e.g. number of people reached, types of information given). Community COVID Committees ran relevant projects in their communities, in partnership with ChildFund, Red Cross and several other NGOs, along with the Ministry and UNICEF. Building good relationships with various government ministries (e.g. agriculture, fisheries, infrastructure, health), has added immense value to what the ministries are already doing, while filling any gaps that they have in terms of outreach.

## COMPLETED COVID-19 RESPONSES – TUVALU



### Context

CAN DO and CARE, together with their local partners, implemented activities as part of a \$235,000 package in response to the impacts of COVID-19 in Tuvalu.

Tuvalu remained COVID-free until May 2022 by maintaining closed borders, which had economic impacts for the island population. High rates of vaccination have helped cases remain low since the initial outbreak.

The CAN DO consortium provided psychosocial support and culturally-relevant theological health messaging through a Disaster Chaplaincy Network and multi-media campaign to support communities to navigate the stresses of the impacts of COVID-19. They also worked to promote the Government-led COVID-19 response to health and hygiene, including a focus on the protection of women and children.

CARE, in partnership with Live and Learn Tuvalu, worked in close coordination with the Ministry of Local Government and Agriculture, Ministry of Health and Ministry of Education, Youth and Sports to implement activities to mitigate the risks presented by COVID-19 across Tuvalu. Funding supported 9,875 people to mitigate the risk of COVID-19 through risk communications, hygiene promotion and increased access to water. There was a particular focus on ensuring vulnerable households, including women-led households and people with disabilities, were prioritised.

## Response highlights



### WASH facilities in schools

Live and Learn Environmental Education covered all 29 schools across Kiribati with handwashing stations (a mix of temporary and permanent). Previously, students would use handwashing basins at schools, meaning some 30 children could be using the same water for handwashing. Using buckets with running water (i.e. with a tap) is a more hygienic method and children are also able to brush their teeth using the taps. Through this project, the first ever concrete handwashing station in a school in Tuvalu was installed, providing a model for the rest of the country. The government and other NGOs are also now looking to use construction materials sourced from within Tuvalu rather than relying on overseas products. Local tradespeople designed the sinks for the permanent school handwashing stations, so they can easily be replicated.



### Theological COVID-19 messaging

It is estimated that at least 92% of Tuvalu's population identifies as Christian. Through CAN DO's activities, existing Pacific culturally relevant and biblically based Information, Education and Communication (IEC) resources were translated into Tuvaluan, including two sets of posters on COVID-19, gender equality and protection. To date, the posters have been shared through a variety of channels enhancing both reach and engagement with the messaging, including on the outside of prominent public buildings, readings over radio, readings and visual displays on TV, and presentations to church congregations.

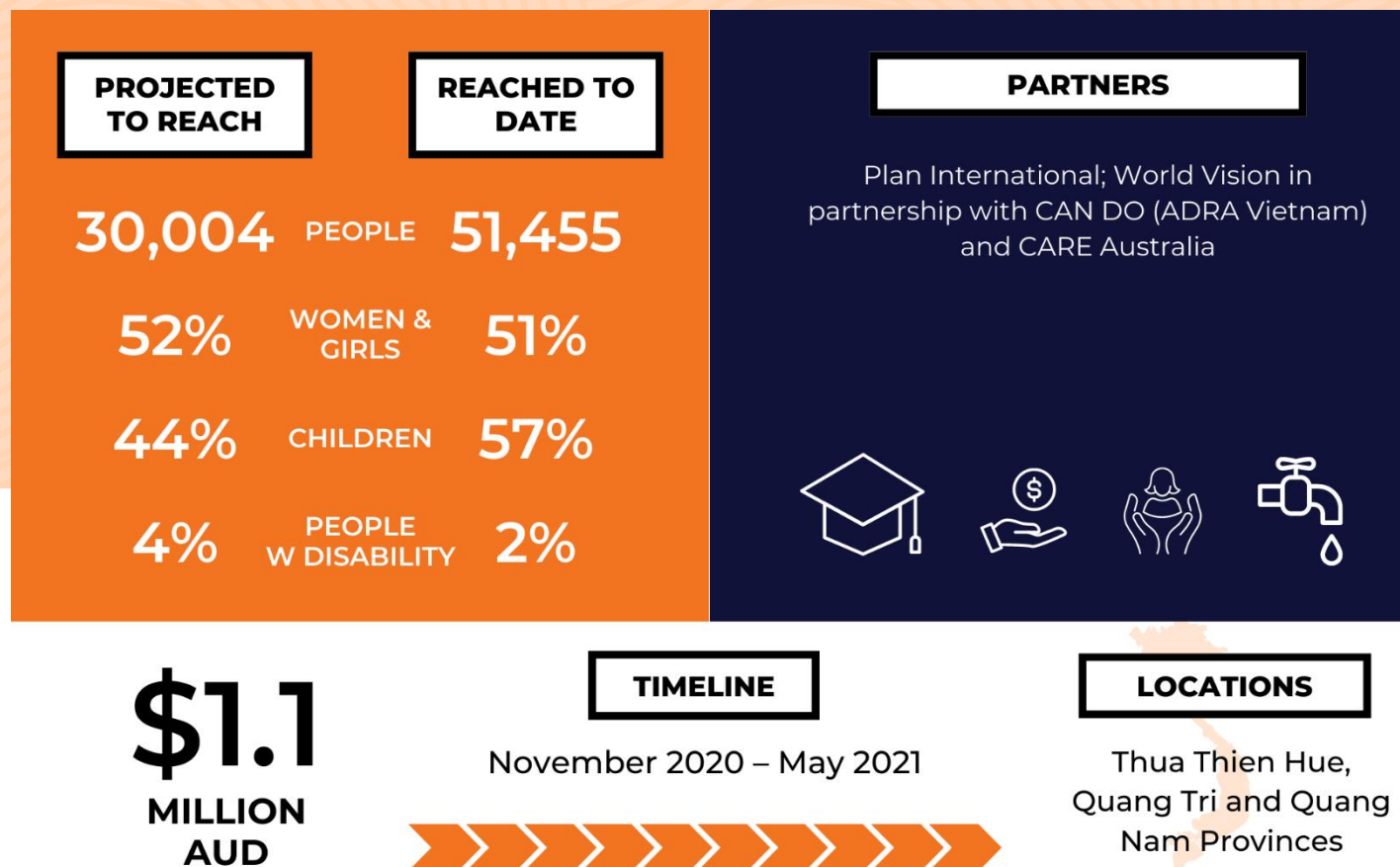


### House-to-house engagement

Partners found that a household-to-household approach is most effective and equitable for responding to public health or other crisis situations in Tuvalu, which has a population of approximately 12,000 people. This means all members of the household have a chance to engage with planning, participate in public health messaging and distributions, and can give feedback. This approach will assist future programs to be more inclusive, responsive, and relevant. Live and Learn Tuvalu was the first to use the house-to-house approach and found it to be very successful. They have shared and will continue to share their experiences with key stakeholders in Tuvalu through coordination mechanisms and will encourage other stakeholders to do likewise.



## VIETNAM FLOODS



### Context

In October 2020, the central region of Vietnam experienced a period of prolonged and heavy rain. This was due to a combination of numerous weather systems – the Inter-Tropical Convergence Zone combining with cold air as well as four tropical cyclones caused severe and widespread flooding, landslides, storm surge and strong winds, affecting millions of people. Initial reports indicated damage to approximately 350,000 households, with 5,000 completely destroyed. At least 360 schools and 60 health care centres were significantly damaged, and there were more than 240 fatalities.

Partners provided relief and early recovery assistance to affected communities in the three most severely affected provinces: Thua Thien Hue, Quang Tri and Quang Nam.

In collaboration with provincial and district-level governments, partners provided improved access to safe water, hygiene and sanitation, ensured protection for relief workers and beneficiaries, and facilitated livelihood recovery through the distribution of livelihood materials and cash and voucher-based assistance.

## Response highlights



### Restoring facilities at schools

Partners worked to repair and improve WASH, classroom and other facilities at schools affected by the flooding so that students could return to learning. 19 drinking water systems were upgraded, supporting 2,940 school children in Huong Ho and Dakrong districts. 33,000 female school students in those districts also received dignity kits, with a further 913 family hygiene kits distributed in Hai Lang. Five new bore wells and six new water purifiers with taps were installed at schools in In Phu Loc and Huong Thuy districts. 15 new spaces for children to play and learn were established, with sports equipment provided. Combined with counselling support for children, these spaces were designed to support recovery. 12 damaged toilet blocks were replaced in five schools and one kindergarten in Nam Giang District and six schools in Nam Tra My District. A further 8 were repaired at schools in Phu Loc and Huong Thuy districts.



### Rebuilding livelihoods and homes

Agricultural livelihoods were particularly impacted by the flooding. Through cash transfers, 1814 households (7934 individuals) benefitted from assistance, with the transfer amount dependent on family size and vulnerability. More than 80% of households used the cash transfers to purchase productive inputs to support their livelihoods, such as seeds, livestock, fertilizer, and agricultural or fishing tools. Other families used the transfers to purchase food, education materials, roofing and other building materials for repairs. Data collected on household decision-making on the cash payments showed a good gender balance, with women playing a significant role in deciding how the transfers were spent.



### Improving water access

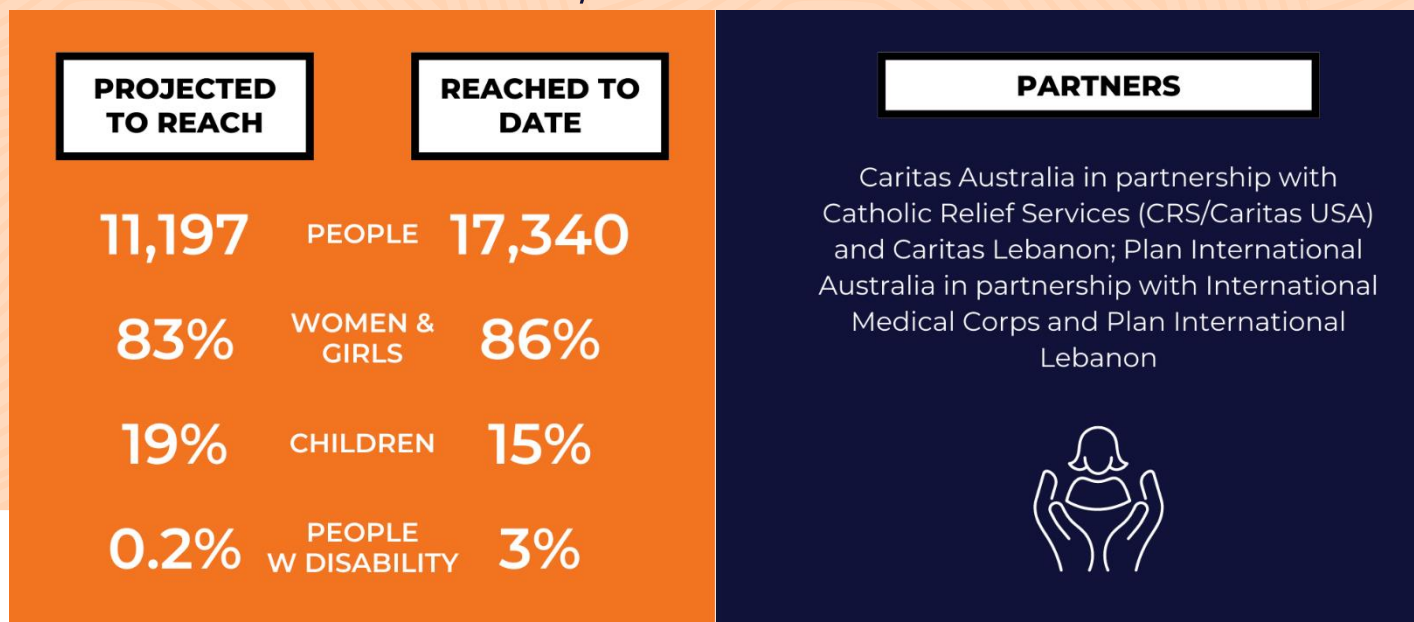
Water tanks and containers were distributed to communities affected by the floods, reaching 94% of households. Beneficiaries reported that the tanks and water facilities reduced the household workload in accessing water, particularly for women and children who usually had the task of fetching water from springs or streams. 95% of households reported that it now took them less than half an hour to access water for their household WASH needs.



### Reflections and learning

- Strong, existing relationships between partners and local government authorities enabled the response to be approved quickly so that implementation could begin immediately, and for government to provide technical support.
- Although the response was focused on short-term emergency relief, communities will now incorporate considerations such as child psychosocial support and the provision of dignity kits for girls into their disaster preparedness plans.
- District/Commune People's Committees (D/CPCs) were direct implementing partners for the response, and ensured project implementation was aligned to the Core Humanitarian Standards.

## SYRIAN REFUGEE CRISIS, LEBANON



**\$8**  
MILLION  
AUD


### TIMELINE

June 2017 to August 2021



### LOCATIONS

Beirut, Mount Lebanon,  
South Lebanon, North  
Lebanon, Bekaa



### Context

When the Syrian Civil War began in March 2011, the violence and destruction set in chain a catastrophic refugee crisis that is continuing more than a decade later.

While Syrians have resettled across the globe, the majority of the 13 million displaced by the conflict are living in surrounding countries, such as Turkey, Lebanon, Jordan, Iraq and Egypt, in many cases with limited legal rights and precarious livelihoods.

According to UNHCR, Lebanon remains the country hosting the largest number of refugees per capita and per square kilometre in the world, with an estimated 1.5 million Syrians living within its borders. Economic crisis, COVID-19, and the 2020 Beirut port blast have only exacerbated the pressures on both refugees and the host population.

Gender-based violence and protection issues are particularly acute in this context. Sexual and gender-based violence was used as a tool of war in the Syrian conflict, and refugee women and girls remain particularly at risk of exploitation and abuse. Deep poverty has exacerbated issues such as early and forced marriage, early pregnancy and domestic violence, while access to justice for survivors remains extremely limited.

The four-year AHP response in Lebanon worked to strengthen gender-based violence prevention and response services for refugee and host communities affected by the Syrian refugee crisis. Women and children were provided with a range of gender-based violence and psychosocial support services, including case management, counselling and access to shelters, with the aim of improving their long-term wellbeing and safety.

*In response to the deepening economic crisis in Lebanon, a new AHP response commenced in 2022, detailed in the continuing activations section of this report (page 31).*

## Response highlights



### Supporting vulnerable women and children to access shelters, medical and case management support

Over the course of the response, the Cedar and Oak shelters run by Caritas in Mount Lebanon provided essential aid and sanctuary to 913 women and children survivors of violence. Basic needs support, including food, on-site medical care, referrals to health specialists, and hygiene services were provided to 790 residents. 220 families, including 392 individuals, received sexual and gender-based violence protection packages that included specialised medical services. A total of 173 residents, women, and children also received psychosocial support and therapy through individual and group sessions. Residents were referred for other services including legal support, cash assistance, house rental, livelihood assistance, health care and education. 475 residents were prepared to exit the shelter with individually tailored safe exit plans, with durable solutions to livelihoods and protection. Exit plans included life skills, livelihoods and English language training. Departing residents benefited from post-shelter assistance and six months of follow-up.



### Continuing operations through the COVID-19 pandemic

The COVID-19 pandemic created new risks for the project, particularly in shelters and for face-to-face support services. Where possible, partners pivoted their psychosocial support, awareness sessions and case management activities to provide support remotely, in line with Government regulations. The content of psychosocial group sessions also shifted to cover issues arising out of the pandemic, such as isolation and keeping children engaged at home. Oak and Cedar shelters were able to remain operational throughout the pandemic due to enhanced COVID-19 safety protocols, the development of quarantine/isolation facilities and reduced intakes. Shelter residents were also supported to access COVID-19 vaccination as it became available.



### Supporting access to case management in the community

Through case management, survivors of violence – including cases involving people with disability abused by carers, children and youth who experienced sexual violence under ISIS, refugee adolescents experiencing forced marriage and early pregnancy and economically precarious women facing assault and coercion from employers – received psychosocial and practical support to access safety, healthcare, legal services and new housing arrangements where required. COVID-19, lockdowns and acute economic pressures only increased the amount of gender-based violence, in particular intimate partner violence, spiking demand for support. IMF provided 1,922 case management consultations in 2020-21 alone. 83% of those seeking case management were Syrian refugees. Emergency cash assistance was provided when necessary to reduce immediate risks, along with long-term follow up.



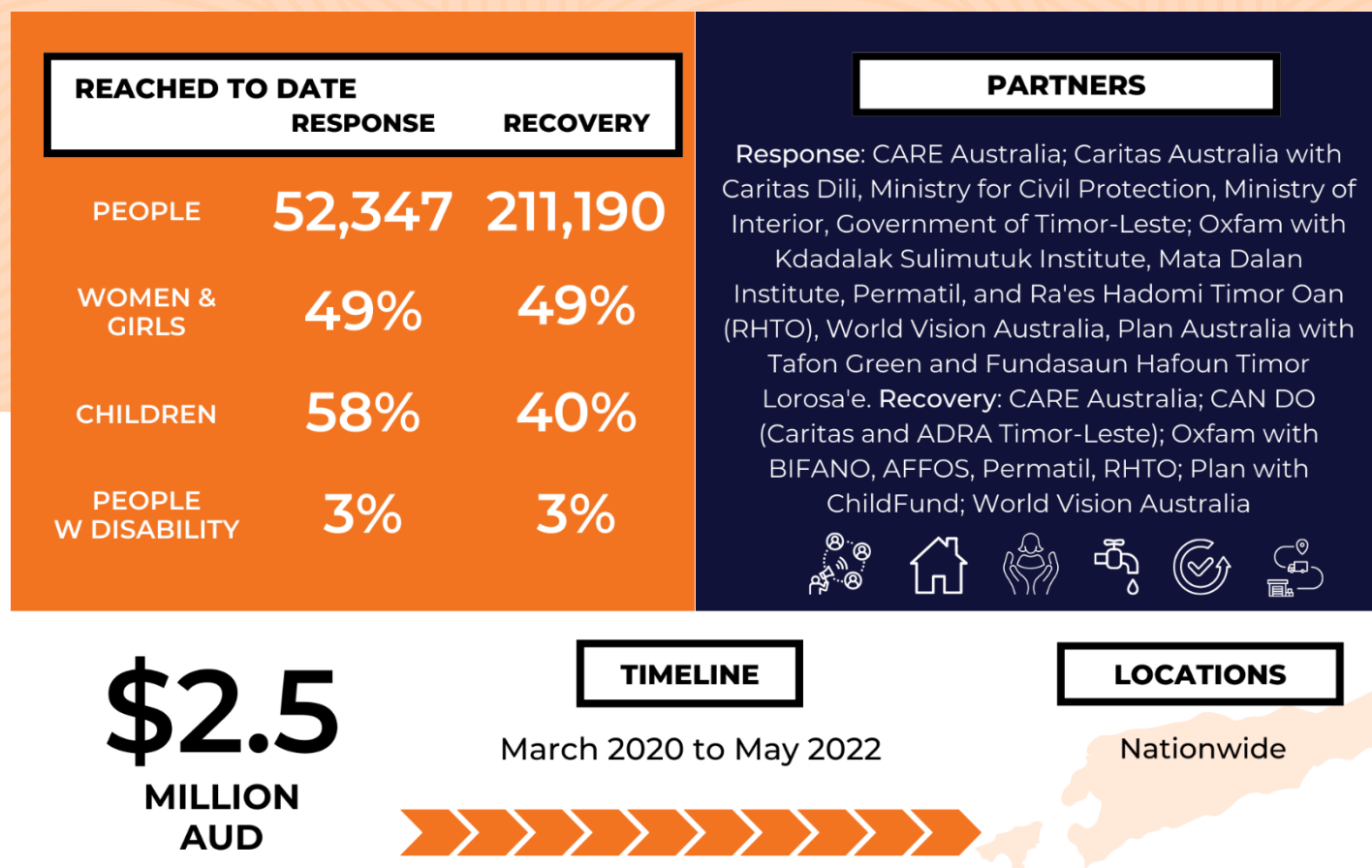
### Reflections and learning

An independent evaluation in November 2021 found that the projects carried out through the AHP Lebanon response were relevant and effective for the affected population, overall improving the lives of beneficiaries. However the evaluation noted that inclusion issues, particularly disability, could have been better addressed by partners. There were also questions on sustainability of some shelter interventions due to the rapidly deteriorating economic climate in Lebanon.



# TIMOR-LESTE FLOOD RESPONSE & RECOVERY

## 2020- 2021



### Context

Heavy rains from 29 March to 4 April 2020 resulted in flash floods affecting 33,835 households in all 13 municipalities of Timor-Leste. Timor-Leste was again hit with heavy rains in late March to early April 2021, resulting in flash flooding across the country, and some 12,378 people in the capital, Dili, needing to stay in evacuation centres due to housing damage. The 2021 floods occurred at the same time as a surge of COVID-19 cases, complicating the response.

AHP agencies worked with the Government to carry out vulnerability and needs assessments to measure the impact of the disasters and identify the critical needs of people affected. The response included the distribution of both food and non-food items, such as WASH and kitchen sets, community health messaging and construction material support for damaged households, with a focus on affected vulnerable people (people with disabilities, older persons [60+], female single headed households and people pregnant and breastfeeding).

As the project entered the recovery phase, activities pivoted to assist the most vulnerable flood-affected people in access to WASH, shelter and food and non-food items, as well as sharing COVID-19 prevention and vaccine rollout messaging through print, radio, direct engagement and social media. Ongoing technical and logistical support is being provided as part of the coordination and delivery of response operations.

## Response highlights



### Repairing and building back damaged homes

1,713 flood-damaged households received assistance, including 110 vulnerable households. Assistance included building materials kits, and three households of persons with disabilities were supported to build their house back better. Additionally, the response provided non-food items and building materials such as kitchen sets, handwashing stations and WASH facilities in nine primary schools.



### Gender in emergencies training

To increase knowledge and understanding of gender equality and inclusion issues, the AHP consortium facilitated joint training for government staff and officials. Plan and World Vision led on child protection issues, CARE on gender equality and Oxfam and Ra'es Hadomi Timor Oan on disability inclusion. The training was delivered to 96 government officials across Bombeiros (Fire Department), Directorate of Security and Protection of Public Heritage, Directorate of Prevention of Community Conflict, National Disaster Management Directorate, Dili Municipality and Municipality Disaster Management Committee. The training content included modules on gender in emergencies, gender-based violence and sexual harassment, and exploitation and abuse prevention. After training, participants demonstrated increased knowledge about gender in emergency principles.



### COVID-19 communications

CARE utilised its popular LAFAEK magazine across all the municipalities covered by the flood response, reaching 96,129 people. LAFAEK magazine content encouraged continuous compliance to COVID-19 prevention protocols and information about the importance of COVID-19 vaccination. Community members reported reading and rereading the magazine because the content is pictorial, visible and easy to understand, even for illiterate people.

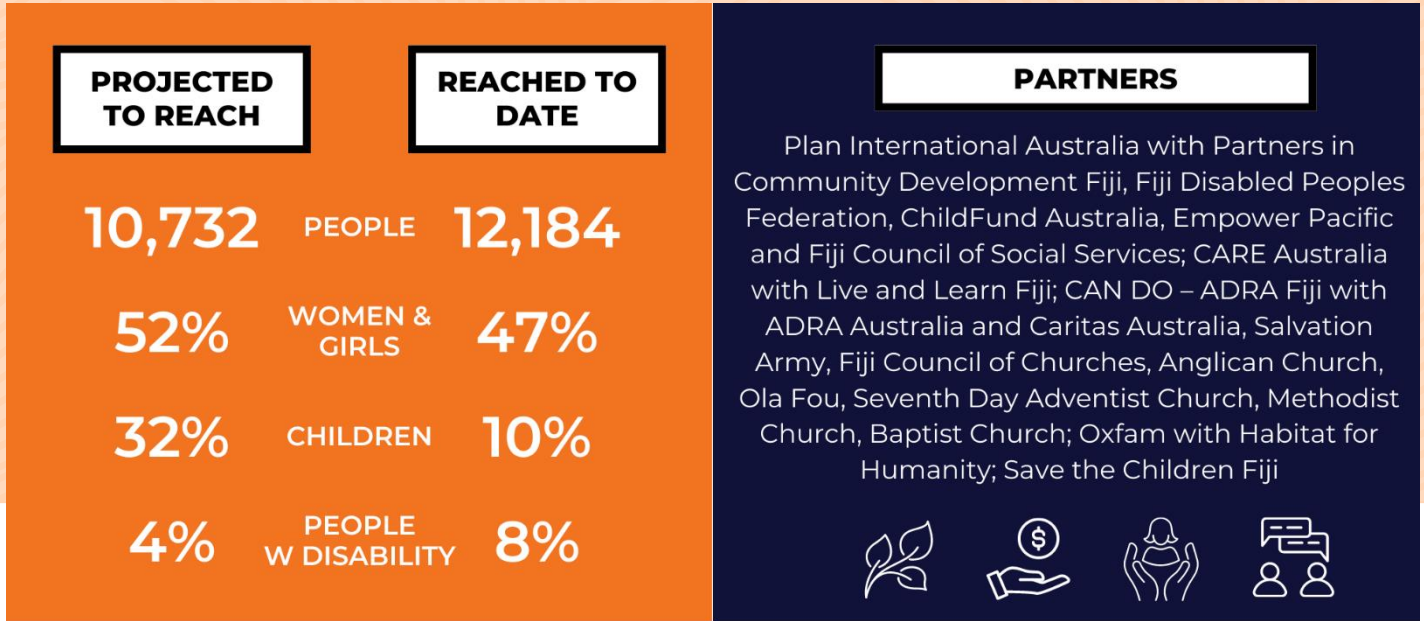


### Reflections and learning

Cooperation between Government and INGOs brought both challenges and lessons. The flood response was an important opportunity to demonstrate and support localisation. All those engaged in the response were committed to support the government's leadership. At times this was challenging, particularly due to different levels of experience and understanding of good practice. Nonetheless the ability to work together and support government to play this role was key. Civil Protection were open to trainings on areas that they saw as gaps in capacity within their staff such as gender, inclusion and child protection. There were also examples where coordination between government, international and national organisations on assessment and monitoring mechanisms was recognised to bring benefits.

Data collection was an area where challenges were encountered. The rapid assessment, led by government, was undertaken in teams with many different representatives of different organisations. There was a lack of clarity on standard approaches and different teams would collect information differently, with some not involving local authorities (Suco Chiefs). As distribution of subsequent relief goods is meant to use data from Suco Chiefs, data from the assessment would at times not correspond to existing data, creating confusion on targeted beneficiaries. As a lesson, including local leaders in the assessment and verification of data process would be an improvement for future responses.

## TROPICAL CYCLONE YASA, FIJI



**\$1**  
MILLION  
AUD

### TIMELINE

December 2020 to June 2022



### LOCATIONS

Cakaudrove, Bua,  
and Macuata  
Provinces

### Context

Tropical Cyclone (TC) Yasa, the second-strongest cyclone on record to make landfall in Fiji, slammed into the island nation on December 17 2020, leaving a trail of devastation likened to a war zone. Following TC Harold in 2020—which displaced 10,000 people and caused an estimated \$100 million in damages—TC Yasa was the second Category 5 cyclone of 2020 in the South Pacific. Approximately 139,000 people (31,000 households) were directly affected.

The disaster left at least four people dead and one missing, destroyed more than 8,000 homes, and displaced tens of thousands in a country with a population of less than 1 million. Following the storm, 7,731 people remained in 183 evacuation centres. Several islands were left without power and running water. TC Yasa also triggered flash flooding, landslides, and severe coastal inundation of up to 33 feet. Furthermore, the cyclone ruined crops, exacerbating existing food insecurities. TC Yasa wiped out entire villages, leaving the government to declare Fiji's Northern Division in a 60-day State of Natural Disaster. It has caused an estimated loss of nearly \$250 million to infrastructure, livelihoods, and agriculture.

COVID-19 exacerbated the challenges and impacts of the cyclone, with travel restrictions hindering foreign aid workers from bringing in food and medicines.

## Response highlights



### Psychological first aid

CAN DO and Empower Pacific provided psychological first aid, counselling and social work support to those affected by TC Yasa. This work was in conjunction with the facilitation of awareness sessions on stress management, self-care, grief and loss, gender-based violence and child protection. Distribution of Women's Dignity Packs and Water packs was also undertaken as part of coordinated activities.



### TC Ana response

Whilst responding to TC Yasa, TC Ana – a category 2 storm – made landfall, causing flooding and further damage in the Northern Division. AHP partners responded by working with provincial councils to identify affected communities and then conducting rapid gender, disability and inclusion activities to inform local governments of particular vulnerabilities in the affected communities.



### Agricultural livelihoods support

Live and Learn distributed 423 agriculture tool kits to 423 households in Bua province, reaching 2,019 individuals. Distribution was coordinated with climate smart agriculture training workshops. 8979 individuals participated in the training.



### Reflections and learning

- It was critical for all civil society organisations responding on the ground to meet on a daily basis to report on the areas that has been covered, urgent needs and to update intervention plans to ensure individuals could access the help they needed.
- Partners in Community Development Fiji (PCDF)'s ability to maintain good relationships with the Bua Provincial Office and past community volunteers proved helpful when the COVID-19 lockdown impeded travel across to Vanua Levu to implement activities. PCDF will continue to strengthen its grassroots approach and relationships with Government partners to support collaborative and/or remote implementation options.



# 3

## Partnership progress

Management, new phase design, MEL and communications

# PARTNERSHIP MANAGEMENT

## Consolidating new ways of working

During the reporting period, AHP partnership outcomes were evidenced through the ways in which AHP lead partners worked together. Across the Pacific and Timor-Leste, the COVID-19 pandemic in 2020 opened the door to collaborative responses, where AHP partners worked locally on single proposals, drawing on the technical specialities of each agency and benefiting from increased geographic reach. This collaborative approach, and move away from competitive proposals, signalled a new way of working which was acknowledged in the AHP Phase II Investment Design Update. In the second phase of AHP, which commenced in January 2022, the default for response activations in Disaster READY countries will be collaborative responses, where decisions will be made at the country level and partners will work together on single proposals. The Disaster READY program has played a significant role in supporting this increasing shift to collaboration and partnership. The program was specifically designed to encourage greater interaction and coordination between AHP partners in the Pacific and Timor-Leste, and this has created greater cohesion when disasters and emergencies strike.

In Vanuatu, partners have demonstrated the value of collaboration by engaging with a Pacific Islands-based partnership broker to assist in the development of a partnership agreement and create standard operating procedures to help with future Vanuatu response activations. This work creates the blueprint for similar partnership approaches in Fiji, Solomon Islands, PNG and Timor-Leste and will become a key outcome of AHP Phase II and Disaster READY 2.0.

In addition to the COVID-19 response and recovery work, a number of other activations during the reporting period were country-based collaborations or featured robust consortium arrangements. In Timor-Leste, partners collaborated to respond to flash flooding and to support the Timor-Leste Government in managing the response; in Tonga partners came together to respond collectively and through a single proposal to the Hunga Tonga – Hunga Ha’apai Volcano and subsequent tsunamis. Partners active in Kiribati have used the experiences of the COVID-19 response to form a consortium approach to the 2022 drought emergency (this activation commenced outside the reporting period and will be detailed in the next annual report).

There was also an opportunity to reflect upon and review partnership and consortium arrangements in Bangladesh. The multi-year, all partner response to the Rohingya crisis offered opportunities for new ways of working in a complex, protracted crisis setting. In this case, a program level management unit was funded to provide support across various levels of program governance and to lead centralised reporting, monitoring and evaluation, and communications. In 2022, CARE Australia, who are responsible for the consortium management unit, contracted the Humanitarian Advisory Group (HAG) to conduct a governance review of the program. The review included surveys, interviews and document reviews with the aim of recommending improvements to the overall governance framework. A report is due in September 2022.

## Partnership governance

In late 2021, the AHPSU engaged partnership brokers to assist in the development of a new partnership charter for AHP Phase II. In line with the AHP design update, the AHPSU will coordinate an annual Partnership Health Check led by an external partnership broker to provide an opportunity for partners to reflect on the principles of the partnership, key achievements, challenges and emerging issues, and to reflect on roles and responsibilities through implementation and lessons learnt.

The partnership brokers met with AHP lead NGOs, country level and local NGOs and partners, DFAT and the AHPSU throughout the first half of 2022, gathering reflections and ideas on AHP partnership in Phase I, identifying any key partnership challenges, and forming approaches for new partnership arrangements that will continue to explore the key AHP principles of resilient development, locally-driven humanitarian action, inclusion and diversity, partnership and collaboration, and standards, quality and safeguards. The workshop for the new AHP Phase II partnership charter is scheduled for August 2022 with a new partnership charter due in September.

## NEW PHASE DESIGN

### Shaping AHP Phase II and Disaster READY 2.0

The AHP was initially designed as a 10-year partnership with two five-year phases. The 2020 Mid Term Evaluation (MTE) found the AHP is an effective and high performing program that is largely fit for purpose, supporting DFAT's decision to extend the AHP into its second phase with an updated design.

In the second half of 2021, DFAT, an independent design team, partners and AHPSU embarked on a Design Update of the AHP to guide implementation of Phase II (2022-27). The design process was informed by extensive consultation with internal and external stakeholders over a six-month period, which included analysis of the changing operating context, lessons learned from Phase I, and the impact of COVID-19.

The design update retains the fundamental high-performing features of the AHP.

The AHP will continue to be implemented through the same six lead Australian NGOs, and their consortia and local partners. It will maintain a focus on partnership and collaboration to leverage collective impact. Building on the learning from Phase I, it will work proactively to enhance resilience and minimise the vulnerability of people to disasters and the impacts of climate change. In line with DFAT policy, it will maintain and further improve gender, disability, and social inclusion (GEDSI).

In addition, Phase II will:

- promote a stronger whole-of-program and partnership approach by Partners;
- strengthen the focus on localisation as key commitment and outcome;
- better leverage the comparative advantage of ANGOs and their cooperation with other stakeholders, including other DFAT funded investments; and
- incentivise innovation and collective effort to improve performance and influence others.

The program logic for AHP Phase II has been updated to reflect changes to the policy and operating context.

The refreshed goal of the AHP Phase II is:

*To save lives and alleviate suffering by supporting partner countries, local organisations, and communities to prevent, prepare for, respond to, and recover from disasters and other humanitarian crises.*

The refreshed objective is:

*To strengthen resilience, stability, and equality, particularly in the Indo-Pacific region, by addressing the challenges of disasters, changing climate, conflict and other threats and hazards.*

In Phase II, the partnership will consist of three main components: the Disaster READY program, focusing on preparedness and resilience; rapid onset and protracted crisis response; and partnership learning and practice. The Disaster READY program redesign process is taking place in mid-2022, piloting a country-led, highly localised process. This reflects the more formalised decision-making role that Disaster READY Country Committees will have as governance bodies for humanitarian response in the new phase of the program.

# COMMUNICATIONS

## Growing audiences and strengthening understanding

The AHP continued to grow its visibility through 2021-22, with online campaigns around key international days, an expanded presence on Facebook and an increasing volume of video generated by partners.

A new, separate Facebook page for the Australian Humanitarian Partnership was created in May 2021 – previously there had only been a Disaster READY Facebook page, which limited the ability to share content about activations outside of the Pacific and Timor-Leste. By end June 2022 the AHP Facebook page had attracted 2,665 followers, demonstrating the enduring popularity of this platform across many countries where AHP operates.

Increased use of LinkedIn also showed dividends, with a 20-fold increase in page visitors and post engagement in July 2021-June 2022 compared to the prior year.

Partners embraced the creation of videos during 2021-22, with an unprecedented amount of multimedia content submitted to the Support Unit, including animations and short films, as well as more traditional 'mini-documentaries' about their work and impact. The Support Unit also assisted in the production of a series of videos in Vanuatu on the Famili I Redi program, engaging a local videographer.

This creativity in multimedia production also extended to the communications that partners produced in-country to support COVID-19 public education campaigns, embracing animated storybooks for children, community service announcements on TV and radio, songs, SMS and social media campaigns, posters and more.

In some countries, COVID-19 movement restrictions and lockdowns limited the production of field communications and videos, but partners continued to seek innovative solutions, reaching out to communities through WhatsApp and other communications tools to keep up on project progress. Collective communications efforts also showed significant potential. In Fiji, for example, the AHP and Disaster READY country committee established a Facebook and Twitter account for Fiji AHP updates, worked together on producing a regular series of newspaper stories for the Fiji Times, produced content from joint monitoring visits, held joint events, and reached out to other local media to increase public understanding and awareness of their work. This collective effort showed a strong way forward for increasing in-country program visibility for the next phase of AHP.

For World Humanitarian Day 2021, a multi-platform social media campaign demonstrated the commitment of Pacific humanitarians, and how climate change was affecting their work and communities. The campaign, which had localisation at its core, attracted the attention of UN OCHA Asia Pacific and leaders such as Vanuatu's former Foreign Minister Ralph Regenvanu, and was shared by several DFAT Posts.

The production of COVID-19-focused updates continued in 2021, and were shared with DFAT Posts across the Pacific region to support visibility of AHP activities. An animation produced by the Support Unit in early 2022 captured the overarching achievements of the AHP Pacific COVID-19 response, and explained how support had pivoted to national vaccine rollouts and surge backstopping.

Communications resourcing in the Support Unit for the new phase of AHP has increased from part-time to full-time, which will enable more support to and collaboration with partners.



# MONITORING, EVALUATION AND LEARNING

## Supporting accountability and generating knowledge

Within the AHP, the primary responsibility and resourcing for monitoring, evaluation, and learning (MEL) lies with Australian NGOs and their in-country partners. However, for AHP responses greater than AUD 3 million, or those of high strategic importance, independently-led evaluations take place as a mechanism for ensuring accountability and supporting learning for DFAT, AHP NGOs, and other stakeholders in the humanitarian sector. The AHPSU also supports overall program MEL through aggregating inputs from partners, commissioning thematic and other evaluations and research products, and supporting the broader learning agenda.

A new full-time Senior MEL Manager position has been created for the new phase. Aside from general MEL management, this position offers additional support to ANGO and local partners with overall MEL guidance, feedback, and advice; with capacity building and training planned in the future.

As part of AHP and DFAT's commitment to localisation, the AHP Support Unit is currently recruiting a Pacific MEL Coordinator to commence in the second half of 2022. This role will have a particular focus on the Disaster READY program.

### Completed evaluations

The below evaluations were completed during 2021-22. For a full list of evaluations over the life of the AHP, refer to Annexe 2 (page 85).

#### Response to the Rohingya Humanitarian Crisis Phase II Evaluation

*Managed by AHP Support Unit, June 2021*

To address the emergency humanitarian needs of displaced Rohingya people, AHP initiated the Rohingya Humanitarian Response in 2017. The response is currently in Phase III.

Phase II (2018-2019) was a one-year humanitarian response to the ongoing humanitarian needs of Rohingya people and host communities, implemented by five AHP partners: Save the Children, Oxfam, CARE, World Vision, and Plan International. More than AUD 10 million was allocated for Phase II to provide humanitarian support in the health, WASH, education, and protection sectors. The Phase II end of program evaluation was conducted to assess the relevance, effectiveness, efficiency, coherence, inclusion, localisation, accountability, and the COVID-19 response of ANGOs, as well as to formulate action-oriented recommendations for Phase III of the program.

Overall, the appropriateness of the Phase II response was reflected in the beneficiary survey, with more than 80% of respondents across all ANGO beneficiary groups reporting program activities were highly relevant to their needs. This was further supported by relevant sector coordinators who spoke highly of the relevance of ANGO activities.

#### Disability Inclusion in Disaster Preparedness and Response: an evaluation of disability inclusion in the Disaster READY program

*March 2020 – June 2021*

From March 2020 onwards, the AHP Support Unit managed a twelve-month independent evaluation of disability inclusion within Disaster READY countries. The evaluation was modified to examine the extent to which COVID-19 and TC Harold responses delivered by Disaster READY partners were inclusive of people with disabilities.

This provided an opportunity to monitor in real-time whether Disaster READY preparedness efforts in relation to inclusion were influencing responses. In August 2020, early findings of promising practice and gaps were shared with Australian NGOs and partners from the five Disaster READY countries. The evaluation findings were incorporated into a series of guidelines on disability inclusion in health, livelihoods and food security and WASH. In their COVID-19 response progress reporting, partners identified how they were responding to these recommendations.

The full evaluation was published in June 2021, including case studies on Fiji and Timor-Leste, and detailed recommendations for improving disability inclusiveness in the next phase of the Disaster READY program.

## Ongoing evaluations

### Evaluation of the COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership

*Managed by AHP Support Unit, April 2021 – November 2022*

In June 2020, the initial AUD \$25 million COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership was established for Fiji, Papua New Guinea, Solomon Islands, Timor-Leste and Vanuatu.

The overarching purpose of the evaluation is to evaluate the outcomes of the COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership at a high level; focus on AHP to understand where and why programs and approaches are achieving outcomes across countries; provide in-depth rigorous analysis and findings in relation to identified thematic areas; and to inform current and future COVID-19 response work by providing strategic, evidence-based recommendations, and a learning platform for the implementing NGOs.

Currently in phase two of three, a deep dive into the thematic area of food security and livelihoods is underway. The evaluation will not only look at to what extent food security and livelihoods interventions are meeting people's basic needs, but also act as a lens through which to explore how these interventions have supported sustainability, kept people safe, and benefitted those from diverse groups such as women and people with disabilities.

### Evaluation of Papua New Guinea COVID-19 RCCE Response

*Managed by AHP Support Unit, February 2022 – March 2023*

With by far the largest population in the Pacific, Papua New Guinea also received the largest share of COVID-19 response funding among Disaster READY countries. A PNG-specific evaluation, led by the Humanitarian Advisory Group (HAG), in partnership with La Trobe University, Co Lab and in-country partners, is examining the effectiveness of different agency approaches to supporting the national vaccine roll-out. This will include mapping various agency activities (planned and pivoted) and their implicit theory of behaviour change. The evaluation will focus on the effectiveness of the different approaches to Risk Communication and Community Engagement (RCCE), a significant component of partner activities.

The evaluation will draw on the specific expertise of an in-country health expert/researcher and a behavioural scientist to explore why certain approaches result in vaccine uptake when others may not. A behaviour science lens will be applied to the research methodology, analysis, and presentation of research evaluation findings, including recommendations on how to integrate behaviour change approaches into ongoing and future programming.

The final evaluation report is due for completion in February 2023, followed by a learning workshop for partners in March 2023.

### Bangladesh Consortium Review

*Managed by AHP Support Unit, June 2022 – September 2022*

The AHP developed a six-partner consortium program to respond to ongoing humanitarian needs resulting from the protracted Rohingya crisis in Bangladesh.

The all-partner approach adopted in Bangladesh came about through comprehensive in-country participatory design processes, led by Humanitarian Advisory Group (HAG) in 2020. It includes an innovation in consortium arrangements, in the form of a collaborative consortium management unit (CMU). The effectiveness of the consortium depends upon the goodwill and commitment of partners at all levels. An annual consortium health check was identified as a key activity to ensure coherence and effectiveness. Managed by the AHP Support Unit, the review is being conducted by HAG.

The purpose of this review is to consider ways of working to date and to identify barriers and enablers to collaborative humanitarian programming in Cox's Bazar. Specific objectives of the review are to:

- Assess the strengths and challenges of the current consortium arrangement, comparing the design intention with current operational realities

- Propose, socialise and refine a renewed way of working across the consortium intended to improve functioning. Ways of Working documents and a final report will be delivered in September 2022.

### **Planned evaluations**

#### **Ukraine Real Time Evaluation**

##### *Managed by AHP Support Unit*

As part of the AHP Ukraine activation, a Real Time Evaluation (RTE) has been approved and is expected to commence August 2022 for a period of six months. The evaluation will focus on Psychosocial Support (PPS) activities in Ukraine, and will serve to provide feedback to the partners in a participatory way on the impact of PPS activities in real time.

#### **Evaluations due to commence in early-mid 2023**

- Response to the Rohingya Humanitarian Crisis Phase III End of Program Evaluation
- Indonesia COVID-19 Response End of Program

## ANNEXE 1: AUSTRALIAN HUMANITARIAN PARTNERSHIP ACTIVATIONS, 2017-2022

Activation	Country	Start	End	Value (AUD, millions)	Type	Lead Partner	Beneficiaries (at completion, or 30/6/22)	Sectors and/or description
Food Security	South Sudan	23/03/2017	31/01/2019	9	Protracted	World Vision, Oxfam	279,901	WASH, food security, protection, nutrition
Yemen Humanitarian Response	Yemen	9/06/2017	31/12/2018	4	Protracted	Save the Children	101,278	WASH, food security and livelihoods, health and nutrition
Syrian Refugee Response	Lebanon	1/04/2017	31/03/2018	3.5	Protracted	Oxfam	12,360	Livelihoods
Syrian Refugee Response	Lebanon	9/06/2017	31/12/2020	8	Protracted	CAN DO, Plan	14,843	Protection
Nepal Floods	Nepal	13/09/2017	13/09/2018	1	Rapid Response	Oxfam, Plan	67,835	WASH, education, protection, nutrition
Rohingya Response 1	Bangladesh	9/10/2017	30/04/2019	6	Protracted	Oxfam, Save the Children	286,056	WASH, protection, education, nutrition, shelter, health
Ambae Volcano Response	Vanuatu	24/10/2017	31/03/2019	1.012	Rapid Response	Save the Children, CAN DO	4,910	WASH, protection, nutrition, coordination
Syrian Refugee Response	Jordan	22/12/2017	30/03/2020	3	Protracted	CAN DO, Oxfam	9,404	Education, livelihoods



TC Gita	Tonga	13/03/2018	14/04/2019	0.5	Rapid Response	CARE	10,570	Food security, WASH, shelter, early recovery
PNG Earthquake	PNG	4/04/2018	26/05/2019	3	Rapid Response	CARE, CAN DO	83,198	Food security, WASH, protection, early recovery
Syrian Refugee Response	Iraq	1/06/2018	30/03/2023	23.32	Protracted	Save the Children	142,831	Health, WASH, camp coordination and management, protection, early recovery
Laos Flood Response	Laos	1/09/2018	31/08/2019	1	Rapid Response	CARE	3,650	Food security, education, protection, nutrition, early recovery
Ambae Volcano Recovery	Vanuatu	30/08/2018	30/08/2019	1.25	Protracted	Save the Children, World Vision	7,473	Food security, WASH, education, protection, shelter, coordination
Sulawesi Earthquake/ Tsunami	Indonesia	10/10/2018	31/03/2019	2	Rapid Response	All AHP NGOs	87,238	WASH, shelter, non-food items, health, nutrition, early recovery
Rohingya Response 2	Bangladesh	29/03/2019	31/08/2020	10	Protracted	Plan, Save the Children, World Vision	239,242	Health, wash, education, protection
Mozambique Humanitarian Response	Mozambique	2/04/2019	5/12/2019	0.75	Rapid Response	World Vision	27,311	WASH, shelter, health, nutrition, early recovery
Food Security - El Niño	PNG	1/07/2019	30/06/2020	0.2	Protracted	CAN DO	7,632	Food security

Ebola Response	DRC	2/09/2019	2/12/2020	1.5	Rapid Response	CAN DO	1,738,954	Health, WASH
COVID-19 Phase 1 for Pacific & TL (Phase 2 for PNG)	Pacific and Timor-Leste	16/03/2020	30/09/2020	1.865		All AHP NGOs	Rolled into Phase 2 COVID response beneficiaries	See Phase 2 responses
COVID-19 and TC Harold	Vanuatu, Solomon Islands	27/03/2020	28/02/2021	0	Rapid Response	CAN DO	15,033	Food security, WASH
Floods 2020	Timor-Leste	27/03/2020	31/12/2020	0.5	Rapid Response	Oxfam	52,347	Early recovery, WASH, gender and protection, inclusion, accountability to affected populations
Rakhine State Conflict (Rohingya) - Education in Emergencies	Myanmar	7/04/2020	30/03/2023	5.35	Protracted	Save the Children	20,204	Education, accountability to affected populations, gender and protection, inclusion
Rohingya Response 3	Bangladesh	7/04/2020	30/09/2023	42.87	Protracted	All AHP NGOs	513,344	Early recovery, education, food security, health, wash, gender and protection, inclusion, accountability to affected populations
TC Harold & COVID-19	Vanuatu	13/04/2020	31/07/2021	1.4	Rapid Response	All AHP NGOs	62,270	Education, food security, health, protection, shelter, WASH, gender and protection, livelihoods, inclusion, accountability to affected populations

TC Harold	Fiji	5/06/2020	30/09/2022	4	Rapid Response	All AHP NGOs	83,146	Food security, WASH, gender and protection, inclusion, accountability to affected populations
TC Harold & COVID-19	Tonga	19/05/2020	31/10/2021	1.5	Rapid Response	CARE, CAN DO	56,194	Early recovery, food security, health, nutrition, protection, WASH
COVID-19	Samoa	19/05/2020	8/02/2022	0.5	Rapid Response	CARE, CAN DO	50,340	Food Security, Nutrition, Gender and Protection, WASH, Inclusion, Accountability to Affected Populations
COVID-19	Kiribati	19/05/2020	8/02/2022	0.4	Rapid Response	CARE, CAN DO, Plan	87,517	Early recovery, health, nutrition, gender and protection, WASH, RCCE, inclusion, accountability to affected populations
COVID Phase 3	PNG	5/06/2020	30/09/2022	6.7	Rapid Response	All AHP NGOs	2,288,585	RCCE, food security, health, livelihoods, nutrition, gender and protection, WASH, inclusion, accountability to affected populations

COVID-19	Laos	5/06/2020	31/03/2022	1.5	Rapid Response	CARE, Plan, Save the Children	18,038	Cash and voucher assistance, early recovery, WASH, education, health, livelihoods, nutrition, gender and protection, accountability to affected populations
COVID Phase 2	Solomon Islands	5/06/2020	30/09/2022	3.5	Rapid Response	All AHP NGOs	120,665	RCCE, early recovery, food security, gender and protection, WASH
COVID Phase 2	Timor-Leste	5/06/2020	30/09/2022	5	Rapid Response	CARE, Oxfam, CAN DO, Plan, World Vision	283,140	RCCE, food security, health, nutrition, gender and protection, WASH, inclusion
COVID-19	Tuvalu	3/06/2020	31/03/2022	0.235	Rapid Response	CARE, CAN DO	9,875	Early recovery, food security, health, gender and protection, WASH, inclusion
COVID Phase 2 + CASH Extension	Vanuatu	19/05/2020	30/09/2022	9.3	Rapid Response	All AHP NGOs	99,134	Cash and voucher assistance, RCCE, food security, health, livelihoods, nutrition, gender and protection, shelter, WASH
Vietnam Flood	Vietnam	1/11/2020	1/05/2021	1.1	Rapid Response	Plan, World Vision	51,455	Early recovery, protection, WASH, gender and protection, inclusion



TC Yasa & COVID-19	Fiji	23/12/2020	30/09/2022	1	Rapid Response	CARE, CAN DO, Plan, Save the Children, Oxfam	91,037	Food security, protection, shelter, WASH, gender and protection, inclusion
COVID-19 Vaccination (Phase 4, Part 1)	PNG	29/04/2021	31/08/2022	6	Rapid Response	CAN DO, Plan, World Vision	4,270,653	RCCE, health, vaccination access
T-L Floods 2021 & COVID-19	Timor-Leste	1/05/2021	31/08/2022	2	Rapid Response	CARE, CAN DO, Oxfam, Plan	211,190	Food security, shelter, WASH, health
Syria Refugee Response (Extension 2021) & COVID-19	Jordan	17/05/2021	30/09/2022	2.5	Protracted	Save the Children	9,840	Education, protection, livelihoods
TC Harold & COVID-19 Long Term Recovery	Vanuatu	30/06/2021	30/09/2026	2.1	Protracted	CAN DO, World Vision	858	Livelihoods, disaster preparedness, protection, inclusion
Lebanon Response	Lebanon	9/06/2021	9/05/2023	5	Protracted	Plan, World Vision	10,849	Protection, livelihoods, cash transfers, winterisation
COVID-19 Outbreak	Indonesia	4/11/2021	30/04/2023	5	Protracted	World Vision, CAN DO	1,970,666	RCCE, health, vaccination access, livelihoods, psychosocial support
COVID-19 Vaccination (Phase 4, Part 2)	PNG	1/11/2021	30/06/2023	5.597	Protracted	CARE, Oxfam	1,016,008	RCCE, health, vaccination access

Typhoon Rai	Philippines	1/01/2022	1/01/2023	1	Rapid Response	Save the Children	NA	Cash transfers, non-food items, protection, shelter, WASH, livelihoods
COVID-19 Vaccination	Laos	8/02/2022	30/09/2023	2.550	Protracted	Oxfam	NA	RCCE, health, vaccination access
Ukraine Humanitarian Response	Ukraine	23/03/2022	30/06/2023	10	Rapid Response	Plan, World Vision	NA	Protection, health, education, WASH
COVID-19 Outbreak	Vanuatu	1/04/2022	31/08/2024	2.3	Protracted	Save the Children, CAN DO, CARE, World Vision	NA	RCCE, health, vaccination access, livelihoods
Hunga Ha'apai Volcano/Tsunami & COVID-19 Recovery	Tonga	1/04/2022	30/06/2024	2	Protracted	CARE	NA	Coordination, psychosocial support, livelihoods, disaster preparedness, health

Notes: Some activations have been combined in this table for clarity. Beneficiary numbers that include mass communications utilise the '40%' proxy for engagement, as outlined in the Annual Report on page 5.

## ANNEXE 2: EVALUATIONS COMPLETED AND COMMENCED DURING AHP PHASE I (2017-2022)

Evaluation	Date	Status
AHP North Yemen Crisis Response	January 2019	Completed
Rohingya Refugee Crisis Response	February 2019	Completed
PNG Highlands Earthquake Response Evaluation	August 2019	Completed
Building Peaceful Futures Mid Term Evaluation	December 2019	Completed
Rohingya Response Phase II Evaluation	May 2021	Completed
Evaluation of disability inclusion in Disaster READY	June 2021	Completed
Lebanon response evaluation	November 2021	Completed
COVID-19 Pacific Response evaluation		Continuing
Ukraine Real Time Evaluation		Continuing
Bangladesh Consortium Review		Continuing
Evaluation of the Papua New Guinea COVID-19 RCCE Response		Continuing

**AHP**


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