

AHP Australian Humanitarian Partnership

AHP Humanitarian Response Update

July 2022-June 2023

**Australian
Aid** 



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 July 2022-June 2023. An update on the 2022-23 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) or contact the AHP Support Unit at supportunit@ahpsu.com.

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Cover image: 14-year-old Sumaiya Akter received a wheelchair through EKOTA partner Dushtha Shasthya Kendra, supported by the AHP Bangladesh response. Now she has more freedom of movement and is less reliant on her mother for basic tasks. Photo: Dushtha Shasthya Kendra

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ACRONYMS AND ABBREVIATIONS

Acronym	Term
AA	Anticipatory Action
AAP	Accountability to Affected Populations
AHP	Australian Humanitarian Partnership
ASAL	Arid and Semi-Arid Lands
AUD	Australian dollar
CAN DO	Church Agencies Network – Disaster Operations
CSO	Civil society organisation
CVA	Cash and voucher assistance
DFAT	Department of Foreign Affairs and Trade
DRR	Disaster risk reduction
FSL	Food security and livelihoods
GBV	Gender-based violence
GEDSI	Gender equality, disability and social inclusion
IDP	Internally displaced person
IEC	Information, education and communication
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer and other diverse identities
MHPSS	Mental health and psychosocial support
NGO	Non-government organisation
OPD	Organisation of people with disabilities
PNG	Papua New Guinea
PPE	Personal protective equipment
RCCE	Risk communication and community engagement
SOGIESC	Sexual orientation, gender identity and expression and sex characteristics
TC	Tropical Cyclone
WASH	Water, sanitation and hygiene
VAHSI	Vaccine Access and Health Security Initiative

INTRODUCTION

As the world faces conflict, displacement, increasing climate pressures and unprecedented humanitarian need, in 2022-23 the Australian Humanitarian Partnership (AHP) and its NGO partners embarked on responses across the Indo-Pacific, East Africa and Europe.

At the beginning of 2022, according to the Global Humanitarian Overview, 274 million people globally were in need of humanitarian assistance. By 2023, this number had reached 339 million, a 24 per cent increase. This means that one in every 23 people on the planet is in need of humanitarian aid.

The geographic footprint of AHP responses in the past 12 months reflects this new and rapidly shifting reality.

While recent years have been defined by the COVID-19 crisis, and the need to support our vulnerable neighbours in the Pacific and Southeast Asia, focus has shifted to the wide-ranging impacts of the war in Ukraine, and its flow-on consequences for food and fuel prices. Climate change is also contributing to humanitarian crises worldwide, with climate-related disasters driving increased levels of vulnerability.

For countries already facing protracted economic crisis, such as Lebanon, these global shifts have only created deeper domestic challenges. In Sri Lanka, an already acute economic crisis was rapidly spiralling into a food crisis, and a new AHP response is targeting child nutrition and agricultural livelihoods in some of the country's most affected areas.

In the Horn of Africa, three years of drought and high transport costs have added to food price pressure, leaving millions facing hunger. AHP responses in Ethiopia and Kenya, which commenced in April 2023, are targeting the most vulnerable, with emergency nutrition interventions alongside other food security and protection programming.

Massive floods across Pakistan last year have also created food security and livelihoods issues, with some farmland still inundated with flood water more than six months after the initial crisis. An AHP response is working in the most acutely affected districts.

And of course, vulnerable people, such as Rohingya refugees in both Myanmar and Bangladesh, are squeezed further by these global pressures. AHP partners have continued to work in camps and with host communities to provide essential services and support.

Closer to home, AHP partners are supporting the rollout of solar water distillation units in Kiribati, to reduce the impacts of its ongoing drought. In Tonga, WASH interventions have also been a priority, as partners support communities to recover from the devastating volcanic eruption and tsunami that occurred in early 2022. COVID-19 responses continue in Laos, PNG and Vanuatu, with an expanded focus on vaccination support.

Two significant sudden-onset disasters also drew focus from AHP partners in the early months of 2023.

Two powerful earthquakes wreaked destruction across Türkiye and Syria in February, killing some 60,000 people and destroying more than 300,000 structures. An AHP response in Türkiye is focusing on child protection and psychosocial wellbeing in the aftermath of the disaster.

In Vanuatu, back-to-back tropical cyclones in March caused damage across the islands. Fortunately, no lives were lost. Banding together, the AHP response demonstrated the power of partnership and preparedness as NGOs, civil society and communities stood alongside government as crucial first responders.

The work of AHP partners in Vanuatu shows that investments in coordination, preparedness and locally-led humanitarian action are some of the best tools we have to reduce the impacts of disasters.

On this front, AHP has launched an exciting pilot program, with the support of the Australian Government, to look at the role of Anticipatory Action in the Pacific, with trials going ahead in Timor-Leste, Vanuatu and PNG.

Our AHP partners are not only working tirelessly to respond to the crises we currently face: they are also working collectively to support learning and constant improvement. The lessons we take from Anticipatory Action could support a more responsive humanitarian future, not only in the Pacific, but globally.

ABOUT THE AHP



The Australian Humanitarian Partnership (AHP) is a ten-year (2017-2027) partnership between the Australian Government and Australian NGOs.

Through the AHP, partners aim 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 AHP meets these objectives by focusing its efforts on disaster response, disaster risk reduction (DRR) and resilience.

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.

In DRR and resilience, the AHP delivers the ten-year, AUD 100 million Disaster READY initiative across four Pacific countries and Timor-Leste. Using local, Pacific-based partners, Disaster READY supports Pacific communities and governments to better prepare for and respond to disasters. Details on Disaster READY are reported separately in the Disaster READY Annual Progress Report 2022-23.

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.

The AHP supports Australian Government commitments outlined in the International Development Policy, the Sendai Framework for Disaster Risk Reduction 2015-2030, the Sustainable Development Goals, the Framework for Resilient Development in the Pacific and the Grand Bargain. These commitments include stepping up Australia's engagement in the Pacific, increasing resilience and effective DRR at the community level, increasing accountability to affected populations, providing predictable and multi-year humanitarian funding, and supporting localisation and social inclusion.

Above: Ukrainian refugee children in Moldova undertake art activities to support their psychosocial wellbeing. Photo: World Vision

AHP BY THE NUMBERS

AHP

Australian Humanitarian Partnership

10,138,319

people reached

5,578,170 Direct 4,560,149 Indirect

AHP
IMPACT
2017-2023



53%
women and girls



39%
children



6%
people with disability



AHP

Australian Humanitarian Partnership

**THIS
YEAR**
2022-2023



463,951
people reached



\$45.6

million AUD

**new response
funds**

8

**new
responses**

17

**active
countries**



36%

**response funds
directed to local
partners**

SECTORS



A note on how we calculate participant numbers

Participant 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 participants. This is 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 participant numbers (both projected and reached) in this report are the sum of direct participants, and 40% of the RCCE audience in activations with a significant RCCE component (predominantly the case in COVID-19 activations).



Above: Adolescent girl members of a youth club in Bangladesh, supported by AHP and run by World Vision, have joined together to create their own football team. Football is usually only played by men and boys in their community. Photo: AHP Bangladesh Consortium

LOCALISATION



Above: Mama Silu, 64, receives her COVID-19 vaccination at a church vaccination clinic in East Nusa Tenggara, Indonesia, supported by AHP through CAN DO. She had been concerned about receiving the vaccine, as she had heard it could kill people who had eaten cassava leaves, but health workers provided her with factual information. Photo: CAN DO

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 was 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

The AHP COVID-19 response in **Indonesia** used a wide range of localisation strategies, with different partnership models focusing on the establishment of stronger governance and organisational systems for local NGO, church and civil society organisations. Targeted capacity development efforts supported partners to implement effectively, while building skills. A partner capacity assessment conducted by CIRCLE in January 2023 showed that 12 local partners working with World Vision experienced an increase from 2.68 to 3.25 on a four-point scale, which means they moved from the 'growing phase' to the 'maturing phase'.

In the **Philippines**, Bohol Integrated Development Foundation, traditionally a community development organisation, had a significant impact on implementation of the Typhoon Rai response due to its strength in organising and administering local livelihood programs. The response was used as a co-learning experience to share expertise. Save the Children noted the approach will have long-lasting effects by shifting power to local

actors and reinforcing the agency of local CSOs to participate in humanitarian action, particularly in the face of emerging challenges due to climate change and conflict.

In **Vanuatu**, in the immediate aftermath of Cyclones Judy and Kevin, AHP partners worked in close coordination with the National Disaster Management Office (NDMO)

and relevant cluster groups and working groups, playing a key role in the immediate response to the disaster. For example, CARE sits as co-lead of the Gender and Protection Working Group, demonstrating the coordination engagement of partners. The response mobilised churches, women's networks and local disaster committees to inform and contribute to activities, such as distributing urgent relief items.

Case study: strengthening local humanitarian capacity in Indonesia

Agus Wijaya has been a member of the West Nusa Tenggara Youth Movement Communication Forum (Forum Komunikasi Gerakan Pemuda - FKGP) since 2009. Through this forum, Agus is actively involved in community social activities.

During the 7.0 Lombok earthquake in 2018, 30-year-old Agus and his colleagues were personally affected. In the face of this, they continued to respond to the disaster by distributing aid to affected communities. Despite their efforts, FKGP experienced hurdles and capacity constraints.

Thanks to World Vision's Indonesia COVID-19 Surge Response supported by the Australian Humanitarian Partnership, Agus and his colleagues at FKGP now have strengthened capacities for distributing aid and rolling out cash and voucher programs to vulnerable families impacted by the socio-economic aftermath of COVID-19.

"The distribution of aid that we carried out during the Lombok Earthquake did not use a needs assessment beforehand, so the goods distributed were often not according to the needs of the community. In addition, we were unable to identify people who had or had not received assistance because we did not have data by name and address," said Agus, recalling his previous experience.

Agus explained that his knowledge and capacities were enhanced after he and FKGP were supported by World Vision Indonesia through the AHP activation. World Vision Indonesia introduced FKGP to the Last Mile

Mobile Solution (LMMS) application, which is designed to strengthen efficiency, effectiveness, and accountability in humanitarian service delivery. The application improves remote data collection, rapidly tracks the management of aid participants, and enables fairer aid distributions.

Agus says the tool has made the distribution of aid easier, with initial needs assessments also helping communities receive more targeted assistance.

"Prospective aid recipients are registered in the LMMS system first so that people who come to receive assistance only need to show the LMMS card that has been distributed previously. As a result, the distribution process runs in an orderly and fast manner," Agus said.

World Vision Indonesia implemented the AHP-supported Indonesia COVID-19 Surge Response in collaboration with 12 local partners across East Nusa Tenggara, West Nusa Tenggara, Central Sulawesi, North Maluku, and Papua. The distribution of cash assistance aimed to help vulnerable families and members of the community affected by COVID-19 who were not receiving government social assistance.

Cash assistance was provided through two transfers where each household received Rp 600,000 (AUD 60) per transfer. As of October 2022, a total of 4,189 people had been supported through the LMMS application, including 2,219 people with disabilities. By using LMMS and equipping local responders and civil society to manage the technology, aid can be distributed quickly and effectively.

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 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 our work to ensure inclusion for all.

Right: Sayadullah, who lives with a disability, is now able to use disability-friendly steps and an accessible toilet at Camp 10, Cox's Bazar, Bangladesh. The infrastructure was supported by AHP and constructed by World Vision and partners. Photo: AHP Bangladesh Consortium



Case study: a protective KOMPASS for Ukrainian women moving through Europe

Millions of Ukrainian women left their country when the war broke out to cross the border to Romania with their families in search of protection. On their backs, the burden of responsibility; in their pockets, some money; and for some, fear and confusion. What do I do now?

KOMPASS is a new protection model designed and piloted by the Romanian, women-led organisation eLiberare and ActionAid, with the support of the Australian Government and implemented through the Australian Humanitarian Partnership, to protect women and children from the risks of trafficking and support them in their journey across Romania or Europe.

So far, 2,503 women and their families have been supported through individual safety plans developed by eLiberare under the KOMPASS model.

The three pillars of the project are:

- **Safe Places:** building a network of organisations that share the same goal to ensure safe passage for everyone. Partners communicate with each other and trace refugees along their journey.
- **Capacity-building** on implementing the KOMPASS model, which leads to early detection and notification of cases of potential human trafficking and assistance for those at risk. So far, 900 frontline responders have been trained.
- **Awareness-raising:** more information, less risk. Being alert to the warning signs along the journey helps women to protect themselves and their families. More than 418,000 people have been informed through different channels.

"We create a trusting relationship with them, so women start to feel safe and begin to disclose to us what is going on," explains Loredana Urzica-Mirea, Executive Director of eLiberare.

"We had women telling us they are paid half of the amount a Romanian receives for the same work. There were women who disclosed abuse, and even women who were about to be recruited into trafficking -- women who were offered jobs and accommodation by traffickers."

Social media is a key tool to inform, prevent, report and help. At the same time, eLiberare is constantly



Above: eLiberare counsellors speaking to Ukrainian clients.

monitoring suspicious activity online and offline, so that the organisation can follow up with authorities and build the capacity of different stakeholders.

"One young Ukrainian mother found our channel, viewed the videos, and left us a comment reaching out for help to transit safely to Romania from Turkey. There she had a high level of risk: a single mom with a 1-year-old child, traveling alone, with no contacts and she did not know any other languages," Loredana said.

"One of our responders [also a Ukrainian woman] offered information and guided her to buy tickets and establish a plan for a safe journey to Romania. They put in place a check-in schedule that they both followed along the way. At each appointed stop, the woman confirmed she arrived safely. At the airport, a volunteer from a private shelter that eLiberare collaborates with waited for them. She and her child were transported safely to a short-term shelter in Bucharest, and later on moved to a long-term shelter in Targoviste where, finally, the two women could meet in person and embrace each other."

Involving women refugees as responders in this program is one of its key success factors. Another element is the KOMPASS backpacks, which include dignity kits. Women learn more about the program and its messages when searching for information on how to access the backpacks.

This has helped achieve a two-fold objective: meeting the needs of people and engaging them as participants in, and leaders of, the humanitarian response.

Case studies: disability inclusion in action



Supporting livelihoods

"I am glad that this assistance can be provided not only for me but also other friends who live with disability. I hope there will be more activities that involve other people with disability, like this one."

A skilled tailor based in Makassar, South Sulawesi, Andi has been running her own business since 1997, and has sewn clothes for the provincial governor, among other prestigious clients.

Growing up in a rural community, she faced stigma for her congenital disabilities, but moving to the city and training in her craft was a turning point.

Unfortunately, the COVID-19 pandemic badly impacted her previously successful business, at times leaving her with no income. Through the AHP COVID-19 response in Indonesia, CAN DO partner INANTA supported people with disabilities by organising targeted vaccination events, and distributing cash assistance to support small businesses. After receiving her second COVID vaccination and IDR 2,000,000 (\$200 AUD), Andi was able to purchase more materials to keep her business going.



Specialised rehabilitation

"The doctor here advises me to exercise daily. In addition, I received some exercise gear. I have almost fully recovered now by utilising them and keeping up my usual exercise regimen."

After suffering a stroke in 2021, Rohingya refugee Hassan* was left unable to walk or stand, and without access to rehabilitation services. Through a partnership between Save the Children and Humanity & Inclusion, supported by AHP, Hassan and others now have access to specialised rehabilitation services at their local health post.

Previously, those in need of rehabilitation services had to travel long distances, which was often not possible. The new Rehabilitation Hub brings services to Camp 4 directly twice a month. The Save the Children health team and volunteers transport people from their homes on a stretcher if they are not able to walk to the clinic. This is how Hassan made it to the centre initially to receive treatment. After six sessions and following exercises at home, Hassan is now able to stand and walk by himself, thanks to the specialised support and his own determination.



Returning to the classroom

"My message for other people with disabilities... is that if you have been bullied before, this is the place for you. Here people respect you and treat you as one of them. This experience will change your life."

15-year-old Khaled* dropped out of school after he was bullied for his disability. The youngest in his family in Amman, Jordan, Khaled is unable to walk without crutches. Unfortunately, his classmates in mainstream schooling began bullying him from a young age, damaging his self-esteem and enthusiasm for school.

But now, Khaled is back in the classroom with confidence after his parents enrolled him in Save the Children's informal educational sessions. The classes, supported by the Australian Humanitarian Partnership response in Jordan, are targeted at out-of-school adolescents who have become disengaged with formal education. Attendees are made up of refugee children who have fled Syria and are living in Jordan, as well as Jordanian children who have struggled to engage in mainstream education.

**Names changed*

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.

In Myanmar, a child satisfaction survey was carried out in October 2022 to assess whether child participants in AHP activities were satisfied, with the majority reporting they were. The endline evaluation of the response also showed participants were satisfied with accountability mechanisms, and felt that any reports, particularly of child protection issues, were promptly dealt with by AHP partners.



In Bangladesh, the AHP Phase III response evaluation found affected populations were able to have a say in programming. More than half of respondents to a staff survey (53%) said they found the involvement of affected people conducive and protective of the health, well-being, and dignity of participants. A considerable proportion (29%) perceived it as thriving, indicating high satisfaction. Some respondents highlighted the need to address limitations and ensure broader participation and representation.



ANTICIPATORY ACTION



Anticipatory Action is a proactive approach to disaster management that has been practiced for many years under various names. It is based on the logical and intuitive notion of taking action before disasters that are imminent, and likely severe. Throughout history, vulnerable communities have used ancestral knowledge and practices to protect their families, homes, and livelihoods from imminent calamities. Similarly, humanitarian actors have invested in emergency preparedness for decades, though progress has often been hampered by limited resources and competing priorities.

There is a growing body of evidence that actions to support communities prior to an imminent hazard result in reduction of loss and livelihood and are a more cost-effective investment than responding after an event.

As per the ASEAN Framework for Anticipatory Action in Disaster Management (2022), Anticipatory Action refers to ‘a set of interventions that are carried out when a hazard poses imminent danger based on a forecast, early warning, or pre-disaster risk analysis’. This approach can be considered a new step in the traditional disaster management cycle and involves a time-bound escalation of activities and disbursement of funds activated by a pre-agreed trigger – an indicator that a hazard is imminent and severe.

Governments and development partners are investing in regional and national systems to support Anticipatory Action in the Indo-Pacific region. With support from the Australian Government, the Australian Humanitarian Partnership is trialling an AHP Anticipatory Action Fund (AAF) to support communities to take protective actions prior to hazards occurring.

Three expressions of interest were selected for the initial trial: to take place in Timor-Leste, Vanuatu and Papua New Guinea. As of July 2023, partners were putting together detailed proposals, which will be implemented in coming years. These pilot programs are being designed to capture a range of learnings to inform the potential uptake of AA in the Pacific, and globally, as well as to provide an evidence base for future AA opportunities through the AHP.

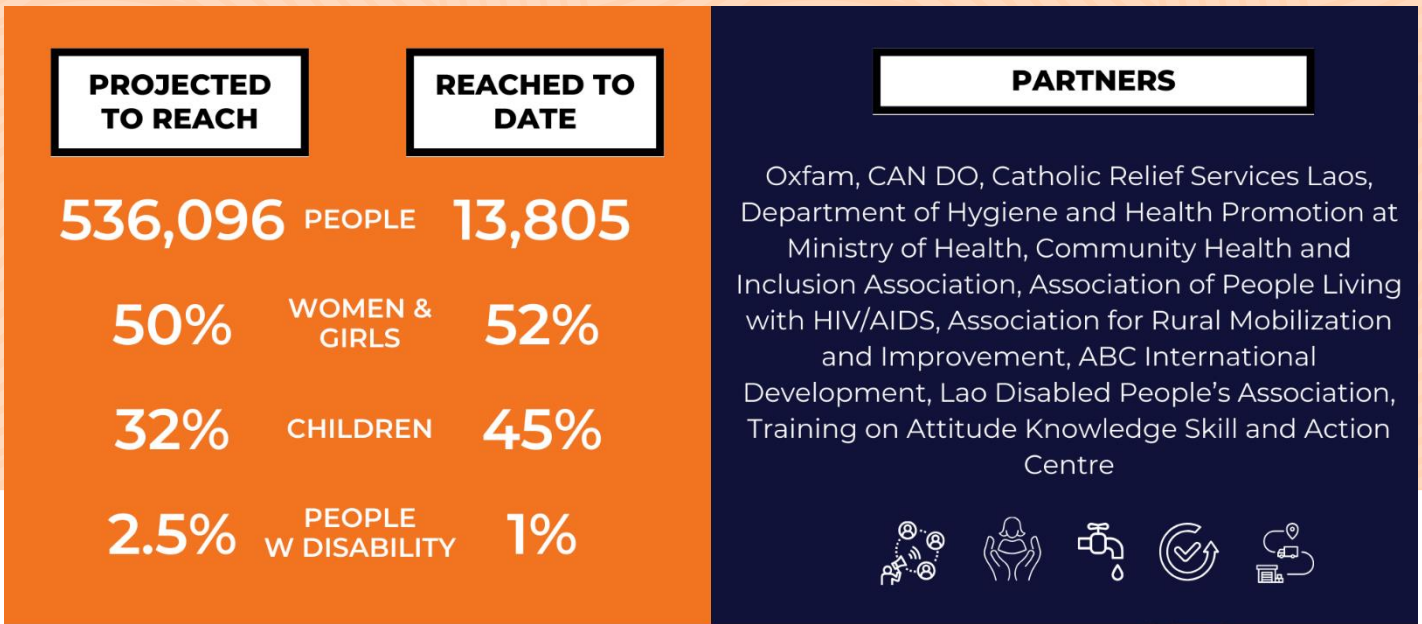
Photo: World Vision handing over Family Hygiene Kits to Wan Smol Bag to distribute to community members in their evacuation centre after Tropical Cyclones Judy and Kevin struck Vanuatu in March 2023. Credit: World Vision Vanuatu.

1

Humanitarian responses

New and continuing

LAOS: COVID-19



\$2.55
MILLION
AUD

TIMELINE

February 2022 to March 2024

LOCATIONS

Nationwide

Overview

Continued support has been needed to address the lasting impacts of COVID-19 in Laos. As infection rates slowed, phase two of the AHP response prioritised strengthening the national COVID-19 vaccine rollout and increasing vaccination coverage across four targeted provinces, with a focus on the inclusion of vulnerable groups. The program also continued to develop its Risk Communication and Community Engagement (RCCE) strategy to ensure people could receive accurate information about COVID-19 vaccinations. Led by Oxfam in partnership with CAN DO and seven local NGOs, the project has adopted an integrated and localised approach to ensure sustainable results and capacities beyond the project duration.

This response has been funded from the Australian Government's Vaccine Access and Health Security Initiative (VAHSI).

Latest data: March 2023

Response highlights



Development of effective and relevant RCCE materials

AHP partners conducted a review of existing COVID-19 RCCE materials and collaborated with the Lao Ministry of Health's Centre for Communication and Education on Health, the TAKSA Centre and Laos Disabled People's Association to adapt and further develop these materials to ensure they are effective, inclusive and relevant. During this process, partners received feedback from government representatives that the project would be an opportunity to strengthen healthcare worker and volunteer capacities more broadly to effectively communicate about the benefits of vaccinations generally (not limited only to COVID-19), as well as advance community awareness about how to access all vaccines through their local health centre, as routine vaccinations for children declined in Laos during the pandemic.



Communication training for health workers

Communication training on delivering effective COVID-19 information and outreach to households was provided to a total of 221 health workers and volunteers. This included 157 provincial and district health staff, 64 village volunteers from related sectors. Participants showed increased confidence in their ability to respond to concerns about the vaccines, explain misinformation, provide reliable and helpful information on COVID-19 prevention and impacts and use communication tools.



Health equipment for hospitals and clinics

The project supported local health services with the provision of equipment and materials to ensure an effective vaccine rollout. More than 200 sets of medical equipment were distributed to local health centres and hospitals with mobile clinics fully equipped and operational.

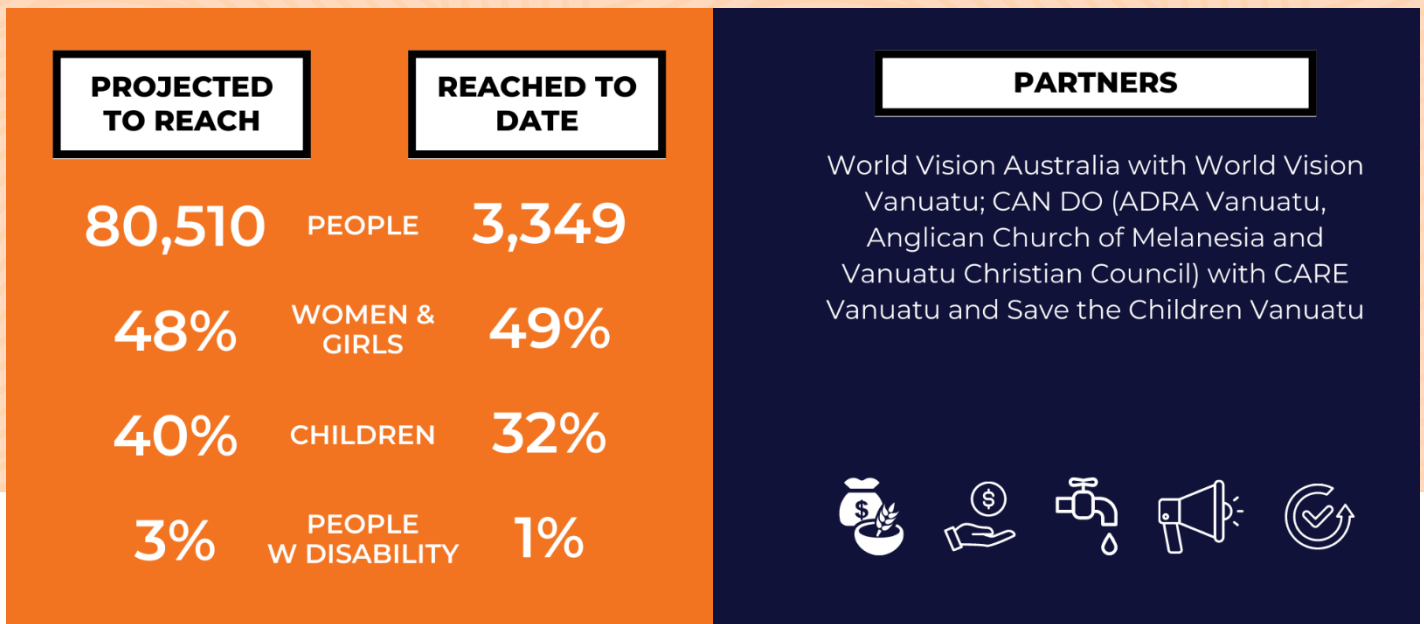


Mobile vaccination teams and clinics

The mobile vaccination rollout program has been functioning in 160 villages across the four targeted provinces, with the AHP partners contributing to a total of 673,332 immunisations delivered. The mobile clinics were advertised via community radio messaging and posters.

While the response was designed in an environment of urgency about COVID-19 and vaccinations, Laos has since moved significantly toward a "new normal". This has changed people's perception of COVID-19, and there has been a notable shift in the perception of how urgently vaccine support is needed. AHP partners have noted the Ministry of Health's interest in strengthening the healthcare system's capacity more broadly at the local level to inform and vaccinate its population for COVID-19, but also other routine and lifesaving vaccines, especially for young children.

VANUATU TC HAROLD LONG-TERM RECOVERY



\$2.1
MILLION
AUD

TIMELINE

July 2021 to March 2024



LOCATIONS

Malampa, Penama
and Sanma
Provinces

Overview

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.

CAN DO and partners have focused on strengthening gender, disability and socially inclusive (GEDSI) disaster governance and coordination and improving WASH design and handwashing and hygiene practises for communities.

World Vision Vanuatu leveraged its AHP COVID-19 activation work and proven programmatic presence in Sanma to offer targeted capacity building to overseas workers and their families and increase disaster preparedness through access to cyclone-resistant shelter.

Save the Children Vanuatu is providing support to all partners on reporting, monitoring and evaluation and coordination.

World Vision's component of this activation has been completed as of June 2023, while CAN DO and partners will continue their work until March 2024. Reach is lower than target at this stage of the response due to activity sequencing and delays due to the response to TCs Judy and Kevin.

Latest data: February 2023

Response highlights



Integrating GEDSI into recovery and response

GEDSI workshops were delivered by CARE in Malampa and Penama. The workshops were co-facilitated by the Vanuatu Christian Council (VCC) and the Ministry of Justice and Community Services. The workshops were designed to provide an overview of GEDSI methodologies and the importance of integrating GEDSI concepts within recovery response plans. During these workshops, both provinces began development of their own recovery checklist which will be used to inform the provincial recovery planning process.

CARE also delivered 'training of trainers' workshops in 2022 focused on developing inclusive and participatory approaches to recovery in affected communities. Participants included CAN DO partner organisations, a Ministry of Justice and Community Services Provincial Disability Officer, and ADRA volunteers.



Training for departing and returning seasonal workers on resilient housing

World Vision is delivering 'Femili I Redi' workshops to departing overseas workers, and 'Haos Blong Yumi' reintegration workshops to returned workers, to encourage workers to save their remittances to build their own disaster-resilient homes.

The workshops also provide other information to empower workers for success overseas, such as good decision making, utilising and planning for remittances, cyber risks and maintaining relationships despite distance.

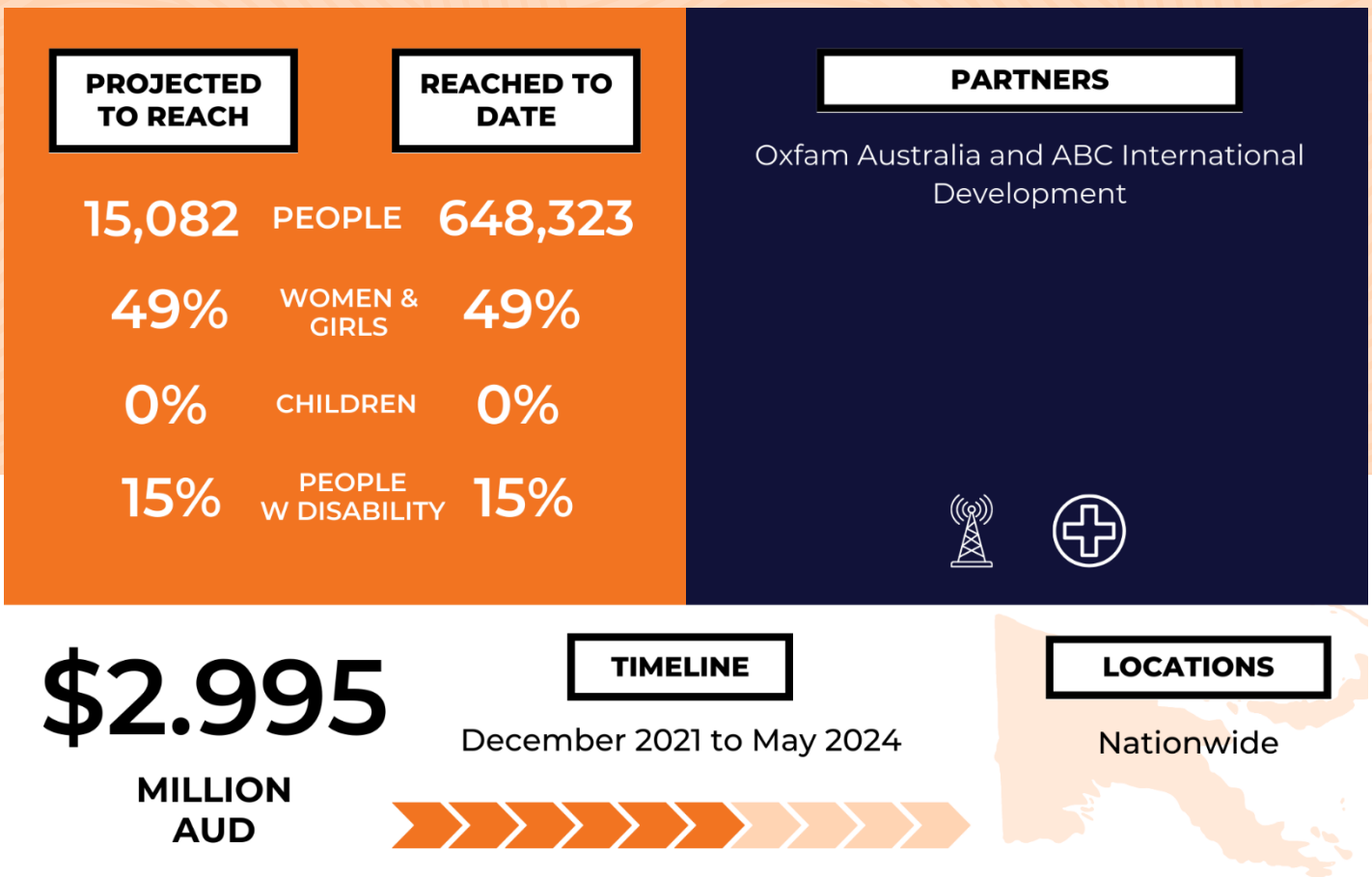
Mentoring and spot checks/site visits after the Haos Blong Yumi workshop are also supporting workers with the management of finances and their builds. This ongoing mentorship has been provided to 67 people (25 men/42 women). Past Haos Blong Yumi participants who have made some progress towards their building project are also invited back to subsequent workshops to share their lived experience with participants.



New community disaster committees

Through this response, ADRA established 16 new Community Disaster and Climate Change Committees (CDCCCs) in the Big Bay Coastal Area Council of Sanma Province. 60 people are participating in the CDCCCs, 50% of which are women and 3% identified as having a disability.

PAPUA NEW GUINEA COVID-19: TOK IMMUNITI



Overview

AHP partners have been responding to COVID-19 in Papua New Guinea since the beginning of the pandemic, through four phases of funding. While all other parts of the AHP COVID-19 activations in PNG have now concluded (see completed activations section in this report), the Tok Immuniti campaign, under the lead of Oxfam Australia with ABC International Development, will continue into 2024.

Vaccine resistance has been a particular area of focus since 2021, with partners engaging in face-to-face, digital, and mass media campaigns focused on sharing COVID-19 prevention and vaccine information, training and practical support for health workers, and debunking misinformation and conspiracy theories.

Through the PNG Phase 4 COVID-19 activation, Oxfam and ABC International Development (ABCID) have had a focus on communications for development in support of the vaccine rollout, including media monitoring, capacity support to the National Department of Health, and coordination with nationally led mass media and behaviour change efforts.

Based on research, media monitoring, and stakeholder consultation, a campaign called 'Tok Immuniti' is being supported through the activation. The campaign is backed with an app, toolkit and mass media engagement, and has a focus on equipping health workers, encouraging vaccination among those with comorbidities, and sparking community conversations on vaccination, health and immunity more generally.

Latest data: February 2023

Response highlights



Supporting health communications at the national level

In August 2022, the project's stakeholder engagement efforts identified a need to provide direct support to the National Department of Health (NDoH) to improve their communications. In response, ABCID recruited a PNG national as a fulltime communication and multimedia officer and located him in the National Control Centre to support the NDoH under the National COVID-19 Deputy Controller. This has improved the release of timely information to the public through press releases. This support has also enabled the NDoH to set up systems and guidelines to produce standard messaging and branding that reflects Government of PNG's goals.



Designing an app for health workers

Media monitoring carried out through this activation identified a significant drop-off in coverage of COVID-19 related issues. Nationally-led vaccination communication efforts have also reduced in priority. Because of this, the project has pivoted to look at support to vaccination more holistically, with health workers identified as a trusted source of information. A phone/tablet app is under development, alongside a toolkit, to support health workers with accurate information on vaccination with highly localised content. The app and an accompanying mass media campaign for the general public are titled 'Tok Immuniti' and are aimed at getting people talking about health, vaccination, immunity and disease. Partners are working closely with NDoH and provincial health authorities to support an effective rollout of the app, as well as sustainability beyond the project. The pivot to this approach has increased the number of participants through indirect reach.

UKRAINE

PROJECTED TO REACH

148,379 PEOPLE

48% WOMEN & GIRLS

28% CHILDREN

15% PEOPLE W/ DISABILITY

REACHED TO DATE

67,745

79%

42%

9%

PARTNERS

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



\$10
MILLION
AUD

TIMELINE

March 2022 – July 2023



LOCATIONS

Ukraine, Moldova and Romania



Overview

The Australian Government announced on 20 March 2022 that Australia would provide a \$65 million humanitarian response to support those impacted by the conflict in Ukraine, including \$10 million delivered through the Australian Humanitarian Partnership.

The AHP response is being delivered by two consortiums: one led by World Vision Australia in partnership with World Vision Romania and AVE Copiii in Moldova; and the other by Plan International Australia, in partnership with the International Medical Corps UK (IMC), ADRA Romania and ActionAid.

AHP partners are working in Romania, Moldova and inside Ukraine, including in areas that were under Russian occupation in 2022.

Ukraine faces an unprecedented rise in child protection risks, with almost two-thirds of children forced to flee their homes since the escalation of the conflict. Psychosocial needs are also significant, with trauma, stress and anxiety affecting displaced and returnee communities.

Both consortia have been focusing on protection issues, including child protection, trafficking and gender-based violence, and the provision of psychosocial support. Educational access has been another priority of the response, inside and outside of Ukraine.

Latest data: October 2022

Response highlights



Education and psychosocial support for refugee children

As of February 2023, the World Vision Consortium had reached over 8,000 children with child protection programming in Romania, Moldova, and Ukraine. These services are provided mainly through 33 child-friendly spaces / day-care centres set up by the response in Romania, Moldova, and Ukraine. The centres support refugee children and their families with their education, social and creative activities, psychosocial support and protection. In addition to protection services, the response also reached over 6,000 children in Romania and Moldova through education programming, including supporting the integration of Ukrainian children into Romanian and Moldovan schools, providing catch-up classes, rehabilitating some education facilities, and distributing education kits and cash for education.



Multi-purpose cash assistance

Both consortiums are supporting displaced Ukrainians through multi-purpose cash assistance, so they can meet their basic needs. According to IMC's post distribution monitoring of cash assistance so far under AHP as part of the Plan International Consortium, 86% of respondents said cash is a critical need (72% female and 28% male) and 92% were satisfied with the assistance received.



Mobile protection teams for refugees

In Romania, implementing partners Plan International Romania with ADRA Romania, and ActionAid with E-Liberare have 16 mobile teams operating across 4 locations (Bucharest, Brasov, Tulcea and Suceava). Almost 500 local staff and frontline workers have been trained in child protection, gender-based violence, gender inclusion, safeguarding, MHPSS, psychosocial first aid, and anti-trafficking. Over 75,000 people are accessing child protection and GBV services and information, including face-to-face and digital information on sexual and gender-based violence, child protection and anti-trafficking. Children identified with MHPSS concerns are referred to support services and recreational facilities.

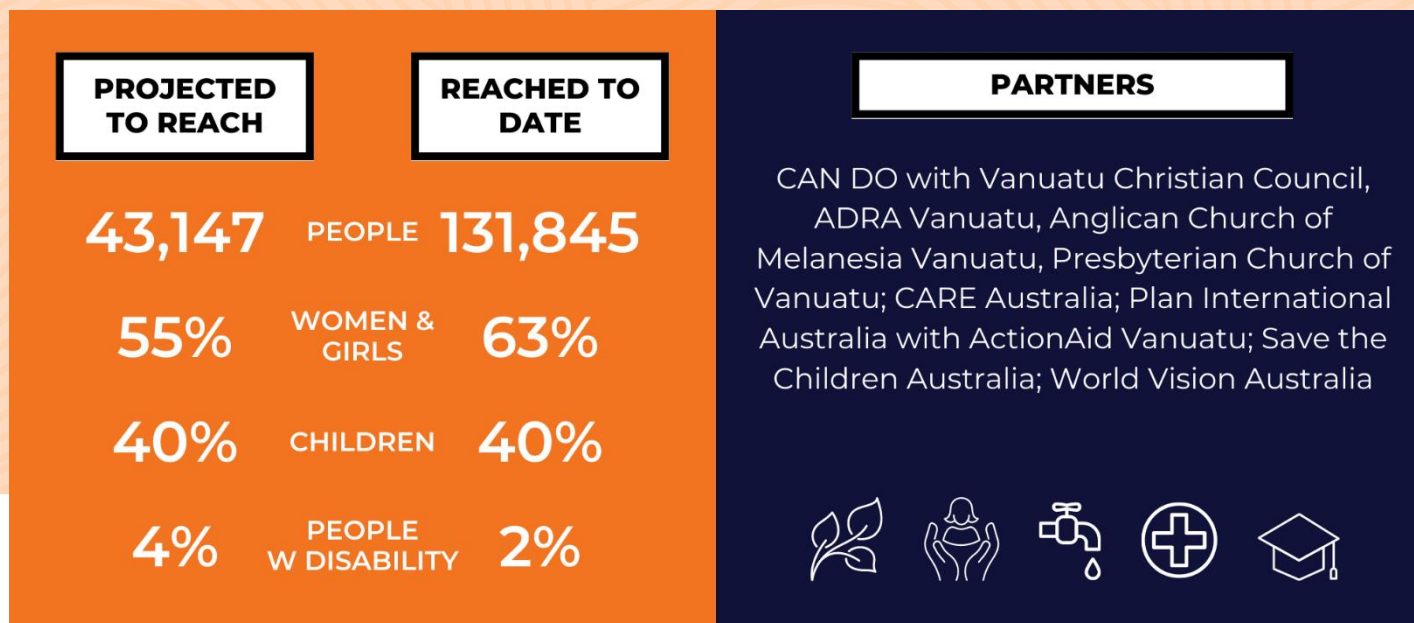


Evaluation and learning

A Real Time Response Review (RTR) was commissioned by DFAT to take place on a rolling basis over the course of the activation, informing partners' delivery, particularly on Mental Health and Psychosocial Support (MHPSS). The RTR concluded that overall, the AHP MHPSS response in Ukraine, Moldova and Romania was relevant, effective, well-tailored to the local context in each country, and aligned with Australia's priorities. MHPSS activities in each country were found to be very relevant, as affected populations were experiencing high levels of psychological distress caused by the war. The findings showed AHP MHPSS activities helped Ukrainian refugees to cope with their new realities and gave them a sense of purpose, built their self-esteem and resilience. Non-formal education and recreational activities appeared to be successful in improving Ukrainian children's emotional and behavioural wellbeing. Marked improvements were noted by interviewed psychologists in reduction of traumatic stress symptom, improved school performance, and increased playfulness.

The review had a number of recommendations for future work on the Ukrainian crisis, as well as for ANGOs more broadly when engaging in MHPSS programming.

VANUATU: COVID-19



\$2.3
MILLION
AUD

TIMELINE

April 2022 to March 2024



LOCATIONS

Malampa, Penama,
Sanma, Shefa, Tafea,
Torba

Overview

In Vanuatu, Fiji and Tonga, AHP partners delivered integrated assistance in response to both COVID-19 and Tropical Cyclone Harold, which tore through the Pacific in early April 2020. While the majority of AHP COVID-19 responses concluded in 2022, an additional response in Vanuatu commenced in April 2022. This response is providing emergency support to COVID-19 community outbreaks in Vanuatu, and support to the national COVID-19 vaccine rollout.

The two-component activation utilises AHP partners' existing relationships with the Ministry of Health, provincial health authorities and target communities. Partners have supported Shefa and Sanma provinces with COVID-19 safe messaging, distribution of food and humanitarian supplies, and implementing protection activities targeting at-risk groups, in particular women, children, and people with disabilities. Across all six provinces, partners are supporting the Ministry of Health to increase COVID-19 vaccination coverage, in particular for adolescents, and remote and disadvantaged populations. This is supported by RCCE activities, outreach on vaccine uptake and combatting vaccine misinformation in communities, along with logistical and human resources support directly to the Ministry.

Latest data: May 2023

Response highlights



SMS blasts on COVID-19

In March 2023, the Ministry of Health approved two sets of COVID-19 messaging. Four SMS blasts in two languages (English and Bislama) were disseminated through the Digicel Network reaching 118,591 people (Digicel service users) in 19 Islands of Vanuatu, covering general COVID-19 safe health and hygiene precautions.



Mobilising women to share COVID-19 messaging

The Women I Tok Tok Tugeta (WITTT) network, supported by ActionAid Vanuatu (AAV), have been an integral part of sharing COVID-19 messaging in the response. In Shefa, four AAV and eight WITTT community mobilisers worked closely with the provincial health authority and community leaders to reach 41 communities.

A total of 5,928 women and men from 10 communities in East Malo, 19 communities in West Malo and 12 communities in Efate and Port Vila were reached with information on prevention and treatment of COVID-19 through the WITTT network, as well as 150 women with disabilities in Port Vila and 45 in Malo through WITTT Sunshine. 5,000 leaflets were distributed on prevention and treatment of COVID-19.



Supporting positive parenting

World Vision Vanuatu developed a talking book called 'Karem Bak Famli', aimed at fathers and male carers of children, including male role models, to provide safe and respectful parenting and caring approaches to address the needs of children. The release of the 'comic' style talking book was timed during the 2022 festive season, as safety and protection needs of children often increase during this time of year.



Adapting to pandemic shifts

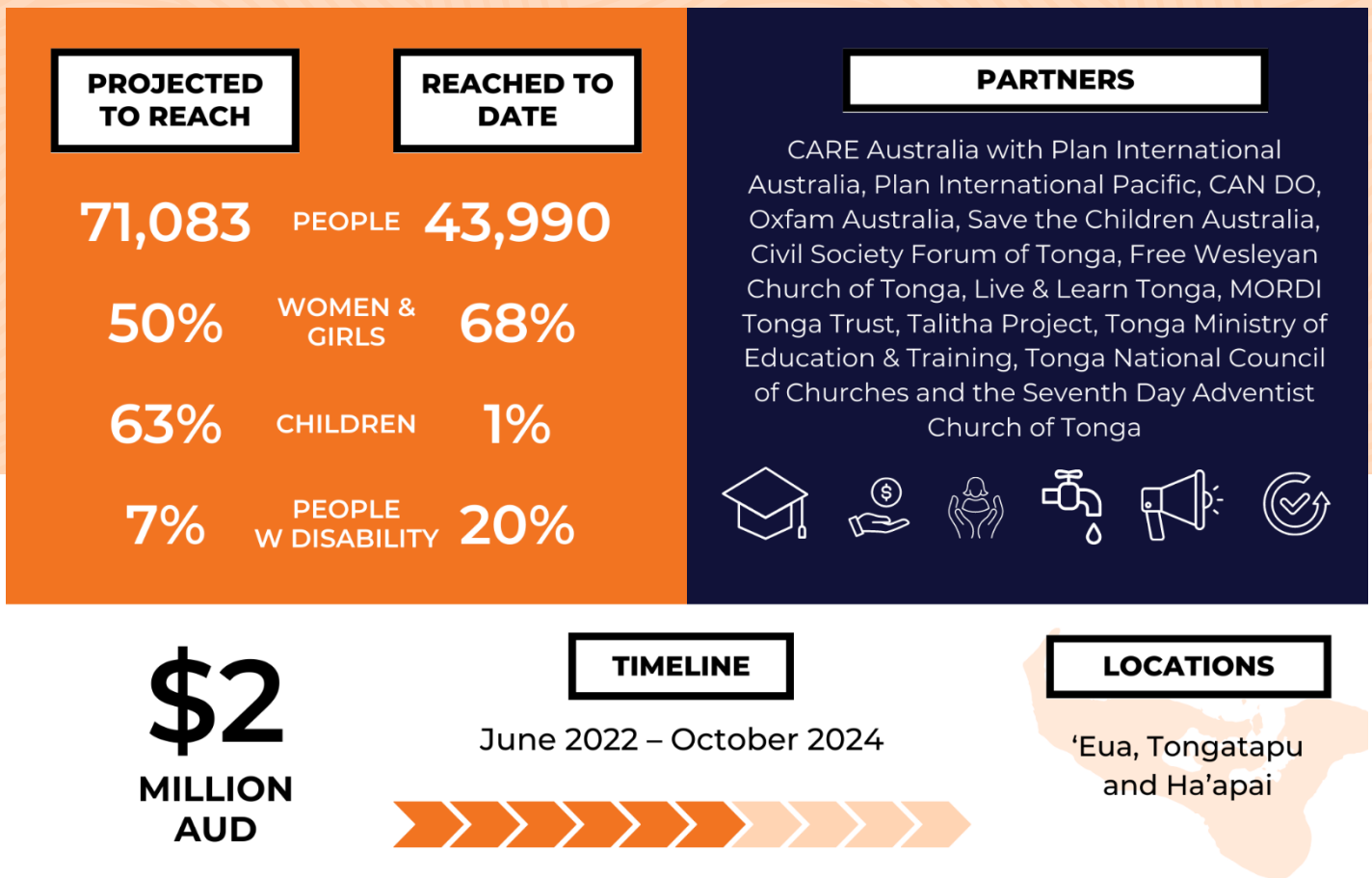
While significant work was completed by all partners aimed at preparing for additional COVID-19 outbreaks, these additional waves did not evolve as anticipated. This is likely due to high levels of vaccination across the country (with 84% of the population receiving at least one dose and 76% fully vaccinated), tight border controls and the evolution of variants.

Government advice and policy shifted over the last 12 months, especially on areas like self-isolation, eliminating the need for community isolation facilities. Vaccine supplies were also constrained at times throughout the year.

Tropical Cyclones Kevin and Judy in March 2023 also diverted attention away from COVID-19 response activities.

Despite this, partners are receiving positive feedback from communities on activities having contributed towards increasing their access to support, services and resources. As a result, people have been able to stay healthy and safe. Partners are also shifting to an integrated vaccination approach to support government priorities.

HUNGA TONGA – HUNGA HA'APAI VOLCANO



Overview

On 15 January 2022, the Hunga Tonga-Hunga Ha'apai underwater volcano erupted, triggering a devastating tsunami and blanketing many of Tonga's islands in a thick layer of volcanic ash. At least four lives were lost and 84% of the total population, an estimated 85,000 people, were affected by the disaster.

The volcano and resulting tsunami and ashfall had devastating impacts, with damage to residential and non-residential buildings, transport, power and communications infrastructure, disruption of water supply and impacts on agriculture, forestry, tourism and fishing industries.

The Australian Government supported a \$2 million AHP response to address immediate humanitarian needs and early recovery, while at the same time working to ensure the people of Tonga are well prepared for and more resilient to future disasters and climate change.

The response is a collaborative effort, being implemented by five consortium partners and a broad cross-section of Tongan civil society and government stakeholders. It has been designed to maximise engagement and cooperation with a view to promoting a cohesive and collaborative approach to emergency preparedness and response.

Latest data: July 2023

Response highlights



Inclusive WASH

25 households occupied by people with disabilities in 'Eua have received inclusive handwashing stations, water pumps and water tanks through the response. Disability inclusive training was conducted for the local contractors who installed the facilities, who in-turn conducted basic plumbing training for occupants of the 25 target households.



Livelihoods for women and girls

190 women have attended cooking and sewing classes in nine villages. Participating villages have also received livelihoods kits to support women to turn their vocational training into small businesses. It is reported that some of the women are already benefiting from their new or improved skills in cooking cakes, bread and other items for sale, as well as using the sewing machines to create dresses and traditional outfits for sale, earning money and improving their family's livelihoods.



Psychosocial support for communities

The Free Wesleyan Church of Tonga worked together with affected communities to deliver Training of Trainers for psychosocial support in February 2023. This was attended by 75 people. Nine villages have since hosted community information sessions and psychosocial support in the style of 'talanoa'. A psychosocial support session has also been conducted with the people of Mango, who were resettled to the island of 'Eua after the disaster.

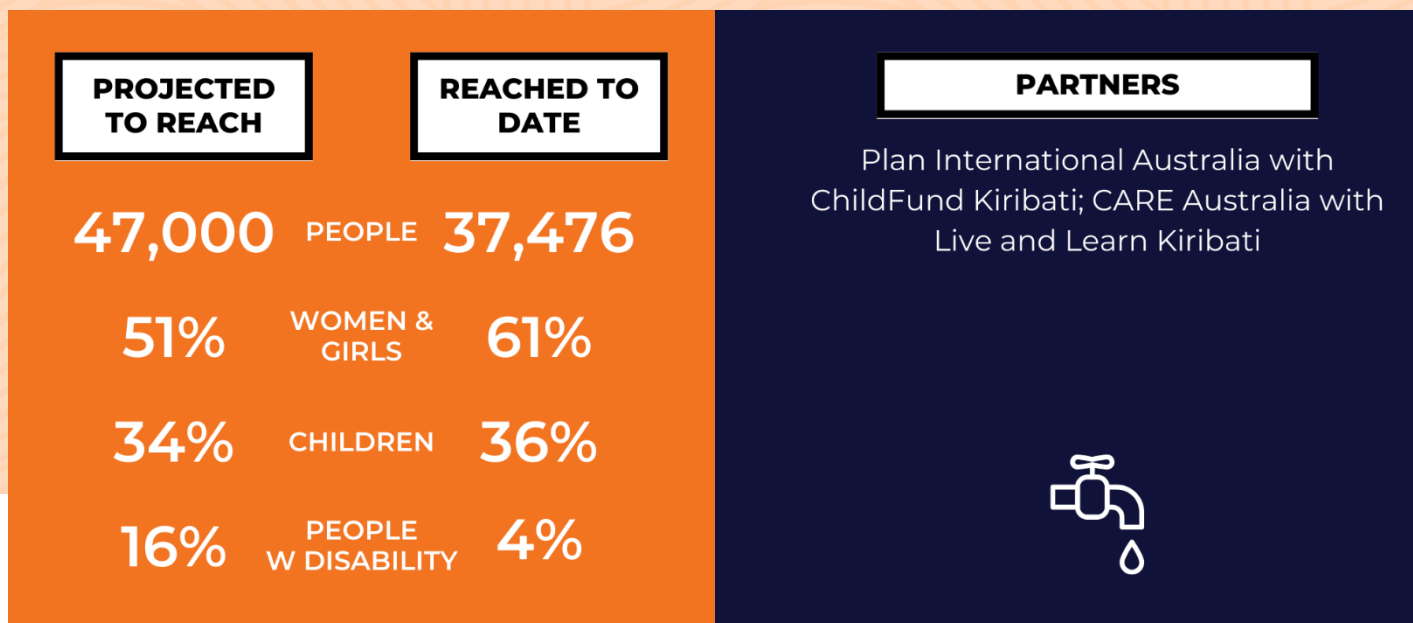


Developing humanitarian capacity for future responses

Oxfam organised a five-day cash and voucher assistance training to strengthen knowledge, skills and confidence of CSOs in Tonga to be able to design and deliver cash and voucher response programs. This was delivered in collaboration with the World Food Programme and the Regional Pacific Cash Working Group and will bolster future disaster responses in Tonga.

The AHP response also funded an internationally recognised humanitarian training program for government officials. The five-day Essentials of Humanitarian Practice training, which was carried out in May 2023, involved key national emergency response entities such as the National Emergency Management Organisation and Ministry of Meteorology, Energy, Information, Disaster Management, Environment, Climate Change and Communication.

KIRIBATI DROUGHT



\$0.57
MILLION
AUD

TIMELINE

July 2022 to June 2024



LOCATIONS

Nationwide



Overview

An ongoing drought is creating considerable challenges in the remote, low-lying atoll nation of Kiribati.

Due to the scarcity of fresh water and the risk of irreversible saltwater intrusion, households in the capital have restricted piped water access each day. On outer islands, where communities largely rely on untreated well water, the impact of the drought is equally challenging.

The Australian Government is supporting the Government of Kiribati to mitigate the impact of the drought through support for alternative water sources through the Australian Humanitarian Partnership.

Plan International Australia and CARE are working with local partners Live and Learn Kiribati and ChildFund Kiribati to install 100 solar distillation units. Partners are also providing information and education materials in person and via social media. Hygiene kits and water storage containers are being distributed to households, along with water quality testing.

This project was extended in June 2023 after additional funding was made available for the installation of more solar distillation units.

Latest data: June 2023

Response highlights



Solar water purifiers and hygiene kits for households

Communities in Betio and outer islands received solar water purifier units and household level hygiene kits through the response, supporting continued resilience to the ongoing drought. The distribution of materials was supported by key government coordination mechanisms and in collaboration with important stakeholders to ensure sustainability and effectiveness.



Solar water distillation units

Ten solar water distillation units were in use by the end of January 2023, servicing communities in Betio, Maiana, North Tabiteue and Kanto. Several of the installation sites are attached to preschools to support hygiene and child health. The distillation units assist by converting brackish, or salty, well water into water that is clean, desalinated and safe for drinking.



Coordination and local leadership

ChildFund Kiribati has displayed strong operational leadership taking on stakeholder engagement with the national drought response committee and community level engagement to support implementation. Alongside this, they have invested in capacity building in order to provide WASH programming through technical advice and training providing by Plan International Australia. This has resulted in the enhanced capacity of ChildFund Kiribati to respond to future emergencies and provide local support to other organisations.



Sharing information on social media

The ChildFund Kiribati and Plan International Australia joint social media and digital media campaign to share messages on water conservation, hygiene and COVID-19 has been largely successful, having reached upwards of 95% of its intended target to date. It has reached 36% of the population.

Development of printed information materials for the household level, for distribution on the main and outer islands, has taken longer than expected due to significant stakeholder coordination efforts and the need to align and coordinate with nationally approved standard messaging. Approval of the resources is pending with the Office of the President.

SRI LANKA: FOOD SECURITY

PROJECTED TO REACH

39,208 PEOPLE

53% WOMEN & GIRLS

28% CHILDREN

9% PEOPLE W DISABILITY

PARTNERS

World Vision Australia with World Vision Lanka and Sarvodaya



\$3.3
MILLION
AUD

TIMELINE

December 2022 – March 2024



LOCATIONS

Uva Province, North
Central Province

Overview

In early 2022, Sri Lanka was confronted with an unprecedented multi-dimensional crisis, the worst since the country's independence in 1948. With an already vulnerable economy still recovering from the effects of the COVID-19 pandemic, the country was hit by inflation, shortages of many essential goods, a reduction in agricultural production over several harvest seasons and rapidly rising food prices. Food security and livelihoods were significantly impacted. Malnutrition increased, with flow on effects to school participation.

Through the Australian Humanitarian Partnership, the Australian Government is supporting food security in some of Sri Lanka's most vulnerable provinces.

AHP Partner World Vision Australia leads this response in conjunction with local partners World Vision Lanka and Sarvodaya. The response focuses on child and family nutrition, with direct interventions for malnourished children under 5, as well as nutrition education for families, meal programs in pre-schools and support for home gardens.

Response highlights



Preschool meal program

To support children's nutrition the response has initiated a preschool meal program in all five project locations. 1,988 children (male 1,015, female 953) are now benefitting from the program, and enjoy an uninterrupted supply of nutritious food. Improvements in child enrolment and weight will be measured to assess impact.



Improved seeds for improved yields

The response has supported 3,398 farmers (37% female) to access improved seeds for cultivating paddy, maize, green gram, cowpea, and banana this Yala planting season. The seeds were supplied in collaboration with the country agrarian service office and lead input supplier and have advantageous traits such as increased yield potential, resistance to diseases, and tolerance to drought, all of which will contribute to improved crop productivity. By embracing these improved seeds, farmers can elevate their yields, ensure food security, generate income, and foster sustainable agricultural development.

The response faced some challenges in regard to changing rainfall patterns this Yala season (May to September). These changes impacted banana farmers in particular, as higher rain levels than usual made it difficult for them to know when to plant.



Inclusive financial training to address gender gaps

Through the response so far, 35 participants have successfully completed a 'train the trainer' program for Gender Inclusive Financial Training, which will be rolled out to marginalised groups to address the gender gap in financial literacy. This inclusive approach is instrumental in fostering gender equality, promoting economic empowerment, and driving sustainable development for women and other vulnerable groups.



Disability inclusion for food security

During this Yala season, the response supported farmers with disabilities, as well as farmers with family members with a disability, to cultivate their land along with other farmers, hand-in-hand. Seed distribution was mostly held at the village level making it much easier for farmers with a disability to access resources themselves.

Case study: Fuelling young minds with free preschool meals in Sri Lanka

Preschoolers can throw a tantrum about pretty much anything, which makes it extra hard when parents have to say no. But five-year-old Chamod is different. He doesn't fuss -- except if he has to miss preschool.

"Unlike before, we are no longer able to buy him sweets or new clothes," says his mother, Nimali. "He understands and bears it. But if I tell him that I'm unable to take him to preschool, then you will see his tantrum. He cries non-stop."

Nimali is committed to taking Chamod to preschool every day. The only times Chamod would miss out was when Nimali couldn't afford to buy or grow enough food to contribute to the shared lunches at the preschool.

Life has been extra hard for this economically vulnerable family over the last three years as Sri Lanka has faced a deepening economic crisis, compounded by the COVID-19 pandemic. The quarry where Chamod's father, Gamini, worked closed down, leaving him out of a job and cutting off the family's only income source.

But the pressure of providing preschool meals has now been eased, thanks to the Australian Humanitarian Partnership response and World Vision.

The national government has implemented an efficient program to provide primary school students with nutritious meals. But preschoolers, who are at a critical age for rapid physical, mental, and social growth, do not receive this assistance.

To close the gap, 1,500 preschoolers are benefitting from feeding programs under the AHP project, with nutritious midday meals rolled out at 100 preschools. This work is in addition to efforts to strengthen agriculture and dairy farming systems in Uva and the North Central Provinces to support medium-term recovery.

"Chamod loves the food at the preschool," Nimali says. "Every day he would talk about what he ate and how tasty it was. He comes home with a full tummy and doesn't get hungry until evening."

Despite her best efforts, prior to the feeding program, Nimali knew that Chamod and his sister weren't getting enough nutrients from her garden-grown food alone, and Chamod was underweight. Just one month after the meal program began, Chamod had gained 1.3kg, marking great progress.



TÜRKIYE EARTHQUAKE

PROJECTED TO REACH

23,790 PEOPLE

68% WOMEN & GIRLS

47% CHILDREN

4% PEOPLE W/ DISABILITY

PARTNERS

Save the Children with Sened;
World Vision with International
Blue Crescent Relief and
Development Foundation (IBC)



\$4.9
MILLION
AUD

TIMELINE

February 2023 – June 2024



LOCATIONS

Gaziantep, Hatay,
Kahramanmaraş
and Adiyaman

Overview

In the early hours of 6 February 2023, multiple earthquakes struck southern Türkiye and northern Syria. The earthquakes, the largest of which was 7.8 in magnitude, have created a disaster of catastrophic proportions, with some 48,000 people killed and thousands of buildings destroyed.

The scale of displacement from the earthquakes, which hit in the depths of winter, has left millions in need of shelter and essentials. As of 16 March, 2.3 million people in Türkiye were living in informal or formal settlements after losing housing in the earthquake. Heavy rain has impacted those living in tents and led to 18 further deaths. Lack of access to clean water, sanitation and hygiene facilities, heating and other essentials is especially affecting those living in informal settlements. Access to education has been interrupted for millions of children, with essential infrastructure damaged or destroyed. There were more than 5,700 aftershocks in the weeks following the initial earthquakes, compounding both the needs and trauma of those affected.

In March 2023, the Australian Government announced an AUD 18 million assistance package for Türkiye, including a \$2 million response through the Australian Humanitarian Partnership, which is being led by Save the Children. An additional \$2.9 million was made available in June 2023, allowing additional response activities to commence under the lead of World Vision.

The AHP response is delivering high-quality, complementary and inclusive child protection, gender-based violence services, mental health and psychosocial care to the communities most affected by the earthquake.

Response highlights

Note: These highlights are drawn from Save the Children-led activities. World Vision's activities, supported through a secondary funding round, were only just commencing at the time of this report.



Child Friendly Spaces, WASH and breastfeeding support

Three Child Friendly Spaces (CFS) have been established (one by Save the Children and two by local partner Sened). These gender-sensitive child and adolescent spaces provide safe places for young people to learn and play. Designated breastfeeding corners have also been established that provide a safe, supportive, and private environment for mothers and their infants. As many people are living in tents and informal settlements, it's especially important to have these spaces available to ensure that mothers feel comfortable and confident when nursing their babies. Each Child Friendly Space also contains gender-segregated WASH facilities as well as access to menstrual hygiene products.



Mental health support for children and adolescents

Mental Health and Psychosocial Support (MHPSS) is being provided to children and adolescents attending the safe spaces, as well as support through social and emotional learning. The MHPSS activities have been designed to meet the specific needs of the children, considering that the community is still mobile and that children may face difficulties in attending structured activities on a regular basis. So far, 431 individuals have been reached.

MHPSS kits are being distributed to identified children in need of focused support, including children with special needs and disabilities, through a case management process. So far, 275 kits have been distributed.



Child protection

Response staff are being trained on: Humanitarian Principles; MHPSS with Psychological First Aid; child protection in emergencies, including safe identification and referrals of at-risk children and adolescents; essential skills for communicating with children and families; gender in emergencies and disability inclusion training. This will enable staff and volunteers to identify and respond to existing and emerging child protection risks/concerns. So far, 29 individuals have been trained (21 from the Ministry of Family and Social Service and 8 Save the Children staff).

In the aftermath of the earthquake, safe identification, and referral of children to essential services are critical. Response partners are providing case management, safe identification, and referral assistance. So far, 20 cases have been managed and 9 incident reports lodged with relevant authorities.

PAKISTAN: FLOOD RESPONSE

PROJECTED TO REACH

116,541 PEOPLE

64% WOMEN & GIRLS

94% CHILDREN

2% PEOPLE W DISABILITY

PARTNERS

CARE Australia with the Shifa Foundation



\$1.5
MILLION
AUD

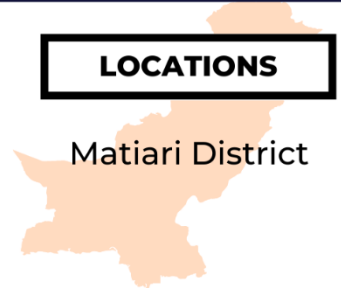
TIMELINE

March 2023 – March 2024



LOCATIONS

Matiari District



Overview

In June 2022, flooding in Pakistan killed at least 1,700 people, left millions homeless, destroyed infrastructure, wiped out farmland and left vast swathes of the country under water. In January 2023 the UN Office for the Coordination of Humanitarian Affairs reported the situation remained dire for many people in parts of Sindh province and Balochistan, with flood waters yet to recede. Satellite imagery showed an estimated five million people remained exposed to, or living close to, flooded areas. In Sindh Province an estimated 89,000 people also remain displaced from their homes, and as a result of the floods, the 2022/2023 rice production is estimated to be the lowest in a decade.

According to UN reports, Pakistan is facing an imminent nutrition crisis, which has been aggravated by pre-existing high rates of malnutrition in flood-affected regions.

With funding from the Australian Government through the Australian Humanitarian Partnership, CARE and local partner Shifa Foundation are working together to deliver a response in the flood affected district of Matiari. The project aims to address nutrition, livelihoods and indebtedness issues in target populations, with a focus on children's health and nutrition.

Activities include the provision of cash grant and nutrition services, agricultural and livestock livelihoods support, kitchen gardening activities and the development and implementation of treatment for malnutrition particularly for children, adolescents and pregnant and lactating women.

Response highlights



Educating communities on nutrition and livelihoods

CARE and Shifa Foundation have facilitated awareness raising sessions to 6,738 community members on topics including hygiene, health, nutrition, infant and young child feeding, as well as training sessions on livelihoods, food security, and kitchen gardening. These sessions have supported project participants to grow their knowledge and confidence in practices to reduce disease risks and malnutrition, and to improve their agricultural productivity and outputs.



Local collaboration and partnership

CARE has established a strong partnership with Shifa Foundation, a prominent Pakistani NGO, to enhance national capacity and promote the project's long-term sustainability. Shifa Foundation is leveraging its local leadership and technical expertise to conduct screenings, refer individuals with malnutrition, and deliver training and awareness sessions on agriculture, livelihoods, and nutrition. This partnership ensures a comprehensive approach to addressing the needs of the community.



Coordinating with key stakeholders for effective nutrition referrals and treatment

CARE International is actively coordinating with key stakeholders, including the Department of Health, the Nutrition Cluster, and UNICEF, to ensure that the project's activities complement existing programs in the Matiari district and avoid duplication. This coordination enables effective referrals of malnourished children and pregnant and lactating women to appropriate treatment centres, which maximises the impact of the project and promotes collaboration within the nutrition sector.



Targeting response resources to those most in need

The response is committed to inclusivity and ensuring that the most vulnerable members of the community are identified and supported. To achieve this, CARE has developed a robust participant assessment form, which considers factors including gender, disability, socioeconomic status, health conditions, and age. Community-led selection committees are now using this form to identify the individuals who are most in need of assistance. CARE's monitoring and evaluation team will then verify the eligibility and appropriateness of the selected individuals, ensuring that resources and support are channelled to those who will benefit most from their inclusion in the project.

VANUATU: TROPICAL CYCLONES JUDY AND KEVIN

PROJECTED TO REACH

47,415 PEOPLE

57% WOMEN & GIRLS

49% CHILDREN

4% PEOPLE W/ DISABILITY

PARTNERS

Save the Children, ActionAid, CARE, CAN DO, Oxfam and World Vision



\$3.35

**MILLION
AUD**

TIMELINE

April 2023 to March 2024



LOCATIONS

Nationwide

Overview

In the first three days of March 2023, Vanuatu was hit by two Category 4 cyclones which tracked similar paths across the length of the country, most severely affecting Shefa and Tafea provinces, with some impact in parts of Torba, Sanma, Penama and Malekula.

The cyclones caused widespread damage affecting approximately 80% of the population, as estimated by Vanuatu's National Disaster Management Office (NDMO). Even though there were no casualties, families lost parts or all their homes, suffered damage or total loss of gardens, and experienced flooding in low-lying areas.

The Australian Government announced a package of assistance to the Government of Vanuatu, including AUD \$3.35 million for a year-long Australian Humanitarian Partnership activation focusing on the most severely affected areas.

Initial response activities were funded through use of pivoted AHP Disaster READY program funds, and all partners in Vanuatu are responding collectively, drawing on the foundations for collaboration, preparedness and response established through the first five years of the AHP Disaster READY program.

Initial activities have been focused on the early recovery of affected communities. Working in close coordination and under the leadership of the national government, AHP partners have supported rapid need assessments; procurement, release and distribution of pre-positioned humanitarian supplies; and support to evacuation centres.

Longer-term response and recovery activities include improving nutrition, agriculture, education, protection mechanisms and livelihoods, with a special focus on vulnerable groups including women, girls, and people with disability and their carers. These activities will aim to provide improved access to essential services, counselling, psychosocial support, referrals, family and child friendly spaces, and cash assistance. Partners will work through existing government and community structures, including women-led groups and networks.

Response highlights



Essential supplies for affected communities

All partners participated in the distribution of essential non-food items to affected households and communities in the immediate aftermath of the cyclones, including those in evacuation centres. These distributions included hygiene kits, shelter repair kits, household kits, tarpaulins, jerry cans, and WASH supplies. Some communities also received vegetable seeds and gardening supplies to restore food crops. Through the Women I Tok Tok Tugeta network supported by ActionAid Vanuatu, women, including women with disabilities, took a leadership role in assessment, response and distribution teams. Church partners in the CAN DO network also played a crucial role. In post-distribution monitoring, CARE identified anecdotal improvements on previous responses, but that there is still a need for 'last mile' logistics for some remote communities. Partners estimate to have reached approximately 37,000 people with emergency supplies distributed in the aftermath of the cyclones.



Returning children to the classroom

Save the Children Vanuatu established Child Friendly Spaces to support children temporarily displaced and residing at Evacuation Centres. Partnering with the Ministry of Education and Training, Save the Children assisted with the reopening of schools to reduce the disruption to children's education. This included distributing temporary learning spaces, learning kits and tarpaulins to four schools. Save the Children also commissioned a report titled "Harem Vois Blo Me" to show the impact of the dual cyclone on children, and to document the voices of children most affected. The report was commissioned to inform decision-makers about children's vulnerability, ensure that children are better supported during future cyclones in Vanuatu, and to push for greater action on climate change globally.



Restoring crucial services and facilities

Partners have been working to restore WASH and other essential services in affected communities. ADRA Vanuatu supported people in three communities to access clean safe water at households, reducing the time taken by women and children to collect water from the closest creek and improving access for people with disabilities.

Vanuatu Christian Council (VCC) responded in 14 communities in North Efate, disseminating key messaging on food security, psychosocial support, gender, child protection, violence against women and girls, and WASH. The Theology of Disaster Resilience in a Changing Climate key messages were integrated into these activities. Area Secretaries, church leaders and Community Disaster and Climate Change Committee (CDCCC) members from these communities benefited from the activities. In partnership with the WASH Cluster, VCC is supporting construction or repairs of latrines in these communities.



Mobile psychosocial support and protection

900 people benefitted from pastoral care, wellbeing, protection awareness raising and psychosocial and emotional support during World Vision's distributions. Mobile Family Friendly Spaces provided an informal space where children accessed play-based psychosocial support, enabling their carers to participate in broader activities. Support also focussed on key messages of understanding responses to trauma, protective behaviour and referral pathways to safeguard children and women during crisis, hygiene promotion for children, positive parenting messages for carers, calming and processing techniques and socialisation. World Vision's trained, skilled and professionally supervised faith leaders and staff use a combination of evidenced-based mental health psychosocial support trauma centred principles, holistic health and wellbeing principles, and cultural and faith-based practices.

LEBANON: PROTECTION

PROJECTED TO REACH

3,075 PEOPLE

84% WOMEN & GIRLS

8% CHILDREN

10% PEOPLE W/ DISABILITY

PARTNERS

Plan International with International Medical Corps and Mouvement Sociale



\$2
MILLION
AUD

TIMELINE

June 2023 to October 2024



LOCATIONS

South and Akkar Governorates



Overview

As the protracted economic crisis in Lebanon continues, compounded by the continuing Syrian refugee crisis, heightened protection risks continue to put the safety of children and women at risk.

The Australian Humanitarian Partnership has been working on protection issues in Lebanon since 2016 across multiple activations, providing support to a range of child protection and gender-based violence interventions and programs.

Building on the most recent protection activation, which concluded in early 2023, this new response continues to support service delivery to vulnerable populations through a mix of outreach, individual case management, psychosocial support, safe referral pathways, emergency cash support, and innovative cash for protection programming.

Working with both refugee and host communities, activities will assist survivors and at-risk Syrian refugees and Lebanese girls, boys, women and men, with and without disabilities, to access quality child protection and gender-based violence prevention and response services. Survivors and at-risk individuals will also be supported to adopt skills and practices to create a protective and safe environment that promotes gender equality.

This work will include psychosocial support, peer action groups and inter-gender dialogue sessions for adolescents aiming to break down harmful gender norms to work towards gender equality. Menstrual hygiene kits will also be distributed to women and girls to support school attendance and dignity, parents will access positive parenting and emotional support with the goal of improving child protection, and male caregivers will be supported through workshops aimed at ending the cycle of violence.

The new AHP Lebanon protection response had only recently commenced at the time of writing for this report. Information on the achievements of the previous phase can be found in the Completed Activations section.

HORN OF AFRICA RESPONSE: KENYA

PROJECTED TO REACH

62,909 PEOPLE

52% WOMEN & GIRLS

51% CHILDREN

5% PEOPLE W/ DISABILITY

PARTNERS

Oxfam Australia with Arid and Semi-Arid Lands Humanitarian Network (AHN); Strategies for Northern Development (SND); and Pastoralist Community Initiative and Development Assistance (PACIDA)



\$3
MILLION
AUD

TIMELINE

April 2023 – March 2024



LOCATIONS

Marsabit County,
Laisamis
Sub-County

Overview

Kenya is currently experiencing the worst drought in over 40 years. According to the Integrated Food Security Classification (IPC), around 4.4 million people within Kenya's Arid and Semi-Arid Lands (ASALs) are facing high levels of Acute Food Insecurity (IPC 3+). The food insecurity has been precipitated by a combination of cyclical shocks, including five successive below-average rainy seasons compounded by conflict and insecurity. In Marsabit County, more than 55% of the population is food insecure, with households being forced to apply emergency coping strategies such as begging.

As part of Australia's humanitarian response to the drought in the Horn of Africa, \$3 million will be delivered to Kenya through the Australian Humanitarian Partnership. The AHP response will be led by Oxfam Australia and implemented by two independent national organisations working under the umbrella of the Arid and Semi-Arid Lands (ASAL) Humanitarian Network (AHN). **The AHP Kenya response had only recently commenced at the time of writing for this report.**

Oxfam and implementing partners will address food insecurity and malnutrition via Multi-Purpose Cash Assistance to a projected 700 drought-affected households. Specific attention will be given to families at risk of resorting to early child marriage as an extreme coping mechanism.

Tailored WASH activities will address acute water stress and public health risks exacerbated by the drought. Proposed initiatives include the provision and rehabilitation of WASH infrastructure, nutrition and hygiene promotion at household and community levels, the distribution of WASH supplies to households and other public health measures.

The project is designed to ensure drought-affected girls, women, boys and men are protected against gender-based violence and drought-induced protection risks. Programming will include the provision of services for survivors and those at-risk and the development of information, communication and education materials on GBV prevention and response including mapped referral pathways.

HORN OF AFRICA RESPONSE: ETHIOPIA

PROJECTED TO REACH

161,463 PEOPLE

53% WOMEN & GIRLS

28% CHILDREN

7% PEOPLE W/ DISABILITY

PARTNERS

Oxfam with Afar Pastoralist Development Association (APDA), Women Empowerment Action (We-Action) and Mission for Community Development program (MCDP); Plan International with Action for Needy (ANE) Ethiopia, Save the Children Ethiopia (supported by Save the Children Australia), and Pastoralist in Action Development Organisation (PIADO)



\$10
MILLION
AUD

TIMELINE

April 2023 – June 2024



LOCATIONS

Afar, Amhara,
Tigray, Somali and
Oromia regions

Overview

Ethiopia is facing a food security crisis, compounded by conflict, with more than 20 million people in need of food assistance in the Tigray, Afar and Amhara regions. Consecutively, Ethiopia is also facing one of its worst droughts, contributing to the need for urgent food assistance and spiking malnutrition, particularly in children. Women and girls in particular are at an increased risk of gender-based violence and are more vulnerable to the impacts of food insecurity on livelihoods and nutrition.

The Australian government, through the Australian Humanitarian Partnership, has allocated \$10 million dollars to AHP partners Oxfam, Plan International and Save the Children, who are working with local partners to implement the response. **The AHP Ethiopia response had only recently commenced at the time of writing for this report.**

Plan International, Save the Children and partners are aiming to improve access to lifesaving nutrition services across the Oromia region, with a particular focus on malnutrition in children under five, as well as lactating and pregnant women. This will be complemented by providing technical and logistical support to the local health system to enhance its capacity to treat malnourishment and build towards sustainable community-based management of malnutrition cases, as well as cash and voucher assistance for vulnerable households. Vulnerable households will also be supported with early maturing and drought resistant improved crop and vegetable seeds, goats and poultry to support livelihoods, and capacity development opportunities.

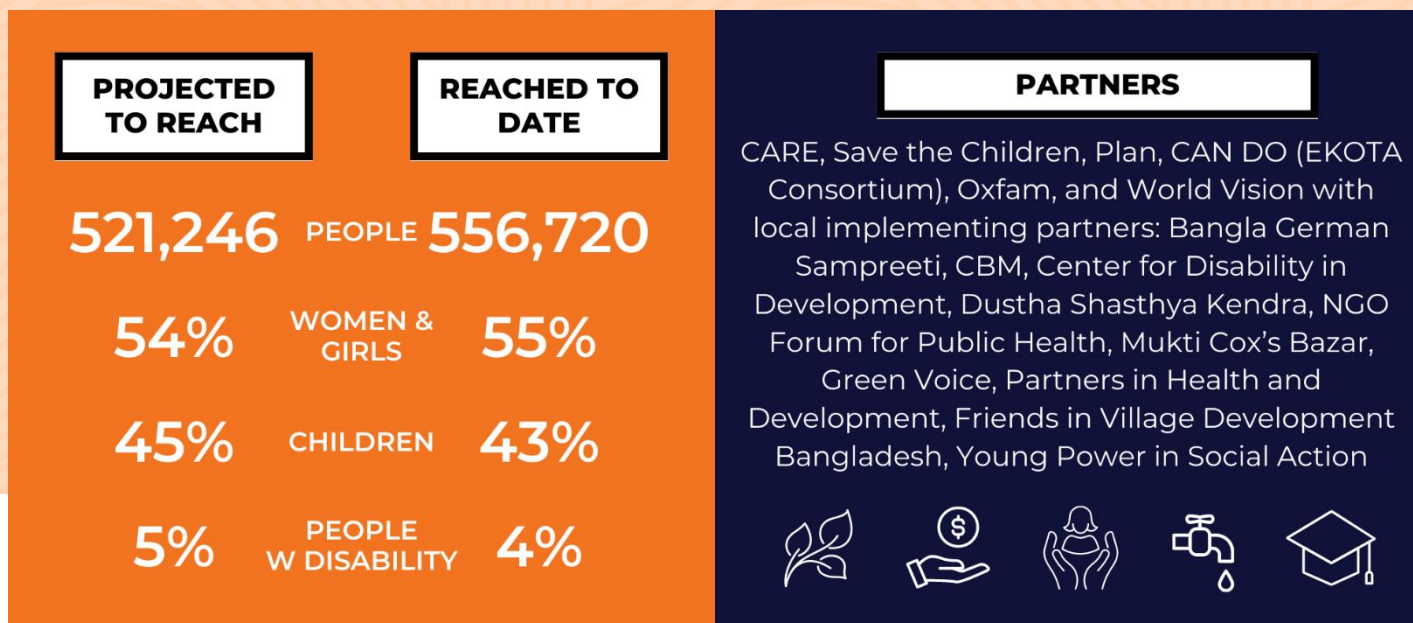
Oxfam and partners will aim to improve protection for vulnerable groups in Tigray, Afar and Amhara through regular community awareness sessions which will disseminate information about available protection services, including referral pathways and the sensitisation of SGBV, sexual and reproductive health and more. To support households to strengthen and restore livelihoods and to empower the community economically, Oxfam will establish food production hubs in Afar with solar powered irrigation systems which will be managed by community-based cooperatives and supplied with vegetables, fruits and tools to sustain the hubs. Emergency nutrition services will support the prevention, identification and treatment of acute malnourishment cases among infant, children, pregnant and lactating mothers.

2

Completed activations

2022-2023

BANGLADESH: PHASE III



\$41.9
MILLION
AUD

TIMELINE

July 2021 to June 2023 (Phase III)



LOCATIONS

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

Overview

The AHP Bangladesh Humanitarian Response Phase III (July 2020 – June 2023) was funded as part of the Australian Government's Bangladesh Rohingya and Host Community Humanitarian Package to address the ongoing needs of displaced Rohingya people and host communities. Over 1.46 million people in Cox's Bazar depend on humanitarian assistance, including over 900,000 Rohingya refugees displaced from Myanmar and more than 500,000 people in host communities. The Rohingya refugees reside in 33 congested camps designated by the Government of Bangladesh in Ukhiya and Teknaf Upazilas of the Cox's Bazar District, as well as on the island of Bhasan Char.

The AHP Bangladesh Humanitarian Response Phase III was delivered through a consortium model by six NGOs: CARE, CAN DO (Christian Aid, Caritas and RDRS), Oxfam, Plan International, Save the Children, and World Vision, and was aligned with the DFAT Bangladesh Multi-year Package high-level outcomes of basic needs, self-reliance, resilience and reform. Partners were delivering the following services under the response:

- providing accessible and inclusive primary education, protection services, WASH and health services (including psychosocial services) to meet basic needs;
- supporting the ability of Rohingya and host communities, and individuals, to be more self-reliant. This includes specific skills development initiatives for women, youth and people with disabilities;
- mitigating exposure and preparing for both health-related and disaster-related shocks including through improved social cohesion;
- working together to improve the humanitarian system through localisation, accountability to affected populations, and coordinated engagement with external actors.

A new phase of the AHP Bangladesh response will commence in 2023-2024.

Latest data: February 2023

Response highlights



Improving education in camps and host communities

During 2022, Consortium partners including Plan, Save the Children and World Vision, provided inclusive education to 13,184 students, engaged with 6,912 parents and caregivers, and provided training and capacity building to 373 teachers, to strengthen educational outcomes in the Rohingya camps and host communities. In the camps, Save the Children transitioned to the Myanmar Curriculum (at the kindergarten and grade 1 and 2 levels). This included the development of a training package for 156 teachers, including on language competency. Ninety per-cent of teachers demonstrated improved competencies after the training.

Save the Children also commenced their Accelerated Learning Program for over-age learners (especially adolescent girls), so they can complete Myanmar Curriculum grades 1-5 within three years. This represents a transformational opportunity for adolescent girls, who have had little access to education in this context.



Protection for women and girls

Protection activities for women and children are facilitated by all six Consortium partners in Bangladesh camps and host communities. Despite this, protection issues, such as human trafficking, child marriage, and child labour, have increased in recent months, driven by economic need, gender norms, religious norms, and uncertain prospects for the future of the Rohingya refugees. CARE's Women and Girls' Safe Spaces provide an entry point for women to report violence, receive psychosocial services and learn new skills. More than 1,670 participants accessed these safe spaces during 2022.

Separate rooms have been set up for adolescent girls as explained by a woman at the safe space: "Engaging adolescent girls has been challenging due to the prevailing community culture...We have established separate groups for women and girls, as we recognised that girls were uncomfortable speaking and sharing in the presence of women."

Ekota, Oxfam and Save the Children have also run awareness and capacity-building sessions on ending gender-based violence, child-trafficking and child marriage, reaching more than 5,000 participants. Community Based Youth Clubs have been established by Plan to enable adolescent girls to participate in activities outside the home and understand the dangers of child marriage.



Essential WASH infrastructure and services

Despite significant contextual challenges, including a deteriorating security situation within the camps, the AHP consortium continued to provide vital services such as water, sanitation and hygiene (WASH) infrastructure to support the basic needs of the Rohingya refugees. CARE provided WASH services to 78,213 people in camps 15 and 16. This included repairing 20 water networks, 393 toilets and 356 bathing cubicles with a focus on improving accessibility to people with disabilities and upgrading facilities for women and girls. EKOTA also improved 37 latrines to make them accessible to people with disabilities by adding ramps, handrails, grab bars and clear access paths. Additionally, they repaired 116 tubewells, 178 latrines, and 83 bathing spaces, ensuring that 14,402 individuals had access to safe water and latrines. More than 6,700 hygiene sessions, 6,070 door-to-door visits and 430 WASH committee meetings were facilitated by CARE in Bangladesh.



Sharing and learning

The AHP Bangladesh Response Phase III has operated through a joint consortium model involving all six AHP partners. Technical working groups share knowledge and expertise. CARE completed focus group discussions with the technical working groups to document their functions and contributions to program outcomes.

There were four key themes where impacts were identified:

- **Sharing of expertise and collaboration:** Consortium partners use their varied skills and knowledge to provide advice and technical expertise to other partners, and collaborate on joint initiatives, to enhance the quality of all partners' activities.
- **Adoption of best practice:** Through joint field visits and regular technical working group meetings, consortium partners have identified best practices in implementation, and have adopted these into their own activities, to strengthen the overall program.
- **Strengthening of influence:** Consortium partners have leveraged the consortium network to coordinate submissions and presentations to sector level groups, and to influence the Government of Bangladesh regarding activity approvals.
- **Greater accountability:** In addition to being accountable to their own agency, consortium partners are also accountable to the consortium and experts from the technical working groups, which is a key measure to prevent breaches of program quality and compliance standards.



Disaster risk reduction in refugee camps

Cox's Bazar is one of the most disaster-prone districts in Bangladesh, vulnerable to cyclones, floods, landslides, and other natural hazards that can cause loss of life and damage vital infrastructure in the camps. Disaster risk reduction activities, such as creating pathways and responding to landslides, have been integral to community safety, especially for the elderly and people with disabilities. Rohingya refugees in the camps serve as disaster risk reduction volunteers, which helps them to support their families through volunteer stipends. AHP partners have successfully implemented a comprehensive training program on first aid for volunteers, ensuring they are well-prepared to handle emergencies during natural disasters. In addition to their roles as first responders, they also disseminate awareness-raising messages within the community and promptly address community requests. A notable example of their preparedness and response efforts was observed during Cyclone Mocha, where the community was well-prepared and took precautionary actions based on identified risk zones. Community members were swiftly moved to protection centres, facilitated by early alerts that allowed them to be prepared and protect themselves. Despite over 2,000 house structures being damaged, the effective preparedness efforts and joint response by the humanitarian community resulted in no casualties.



Evaluating the AHP response

An evaluation of the AHP Bangladesh Humanitarian Response Phase III was completed in July 2023. The evaluation found that diverse initiatives have been implemented in the Rohingya refugee camps and host communities, yielding good results. These efforts have led to positive changes in community culture and attitudes towards education and hygiene. Livelihood interventions have empowered individuals, reduced dependence on aid, and fostered self-reliance in host communities. Education and WASH interventions have improved access to essential services and promoted health and sanitation. However, challenges related to sustainability and market access in camps remain, necessitating continued support and efforts to enhance income opportunities.

Key recommendations included:

- Strengthen resilience and self-reliance by expanding volunteering opportunities for refugees in camps, supporting market connections for livelihood interventions within the camps and engaging refugees in more tangible and active leadership positions in the camps.
- Demonstrate inclusion through implementing practical disability inclusion measures within the camp environment, placing a special emphasis on adolescent girls, expanding inclusion criteria, broadly replicating AHP Safe Spaces and engaging local organisations more closely with affected populations to enhance their confidence in locally-led humanitarian action.
- Enhance the effectiveness of monitoring and evaluation through streamlining indicators and establishing clear reporting processes to ensure that impacts are recognised and valued.
- Continue to resource a consortium mechanism for coordination of AHP support, while reducing the number of technical working groups and promoting technical skills development and the leadership capability of local stakeholders.



Reflections

The most recent influx of Rohingya refugees have now been in Bangladesh for more than five years.

The protracted nature of the crisis and reduced funding from other donors has forced agencies to consolidate their programming in 2022, while simultaneously taking on additional responsibilities. This has threatened agencies' abilities to meet the basic needs of the nearly one million Rohingya refugees in Bangladesh, as well as those of the host community, during the final year of AHP Bangladesh Humanitarian Response Phase III.

The security situation in the camps has recently deteriorated, with rising conflicts between the host and Rohingya communities, as well as internal political divisions within the Rohingya community. This has led to threats and reports of kidnapping, violent clashes between groups in the camps and the murder of community leaders.

Left: Jalan Hossain uses compost generated by the AHP-supported solid waste management program in his vegetable garden in Camp 10. Photo: AHP Bangladesh Consortium

Case study: AHP support to livelihoods



Above: Tohura, 27, is rearing pigeons to support her family's livelihoods after support from Mukti Cox's Bazar and Oxfam through the AHP response. Photo: AHP Bangladesh Consortium

Livelihoods training, cash grants and market linkages for the host community, and cash for work opportunities for Rohingya refugees, are enabling families to increase their income and strengthen their resilience in Bangladesh.

Context

Earning an income is a considerable challenge for many people in both camp and host communities in Cox's Bazar. Rohingya refugees find it difficult to earn an income due to restriction on work rights in Bangladesh. Poverty, low levels of education and a lack of resources all create barriers to pathways to employment in host communities. Women and people with disabilities face additional barriers due to stigma and harmful stereotypes.

Rohingya refugees raised recent reductions in food rations, and their dependence on these, as an additional concern. One respondent described the impact that poverty has on their family: "There is no income in our camp, so there are regular quarrels in our family, because we are not able to meet our needs with the food that we get from [rations]. As a result, there is scarcity and chaos." Family income also has a direct correlation with child marriage and child labour.

Impact

AHP partners' cash for work schemes in both camp and host communities provide opportunities for families to earn income. Marginalised groups, such as women-headed households and people with disabilities are targeted for these opportunities. One man with a disability described his participation as a unique opportunity, "If disaster risk reduction jobs were not there for people with disabilities, we would be confined at home and not able to go out. Disaster risk reduction gave me the opportunity to earn money through Cash for Work. Otherwise, who would give work to a disabled person in our society?"

Additional income plays a crucial role in strengthening the resilience of camp communities. Many respondents explained how they used the income to diversify their diet, purchasing foods not distributed through WFP, in particular high protein items like meat and fish. As one Rohingya man explained, “we can manage the required protein for the family members through our livelihood business”. Another described how, “we spent the money we earned working in disaster risk reduction for our family, like for our children's education, for their medical treatment, to buy their clothes.”

Vocational training in tailoring to women and girls in the camps has also been able to increase family income. Rohingya women involved in livelihoods training have been able to generate income by selling clothes in the market. This has had a significant impact, enabling them to access essentials that are otherwise out of reach, such as solar batteries for lighting, fish for added protein and medicine. One Rohingya woman said, “It has changed my life having training and developing tailoring skills. Recently, I have been learning more skills, like how to make fishing nets, which has increased my earning.”

In the host community, homestead gardening is also increasing family income and nutrition. Families report they are now eating a broader range of vegetables and can sell the excess to purchase other food items and education materials for their children. Small business operators also benefitted from financial literacy and bookkeeping training which enabled them to increase their profits. One small-scale vegetable producer improved his agricultural and business practices through the training, which he credited with transforming his business.

Cash grants have enabled people to purchase hens, ducks and small goats to breed and care for, providing additional food and income. For people with disabilities, small livestock rearing has provided an accessible income source. One man with a disability from Teknaf explained how, after receiving a cash grant of BDT 5,400 (AUD 75), he was able to purchase a female goat, selling her offspring for BDT 15,000 (AUD 209) within a year. Training on livestock diet and medicine use has enabled participants to maximise the benefits of their investment.

Below: A group of Rohingya cash for work volunteers, including people with disability, repair a pathway in Camp 16, supported by CARE through the AHP response. Photo: AHP Bangladesh Consortium



Case study: disaster risk reduction in host communities



Above: Re-excavation of the canal has made life easier for Abul, who can now access clean water on the elevated pathway.
Photo: AHP Bangladesh Consortium

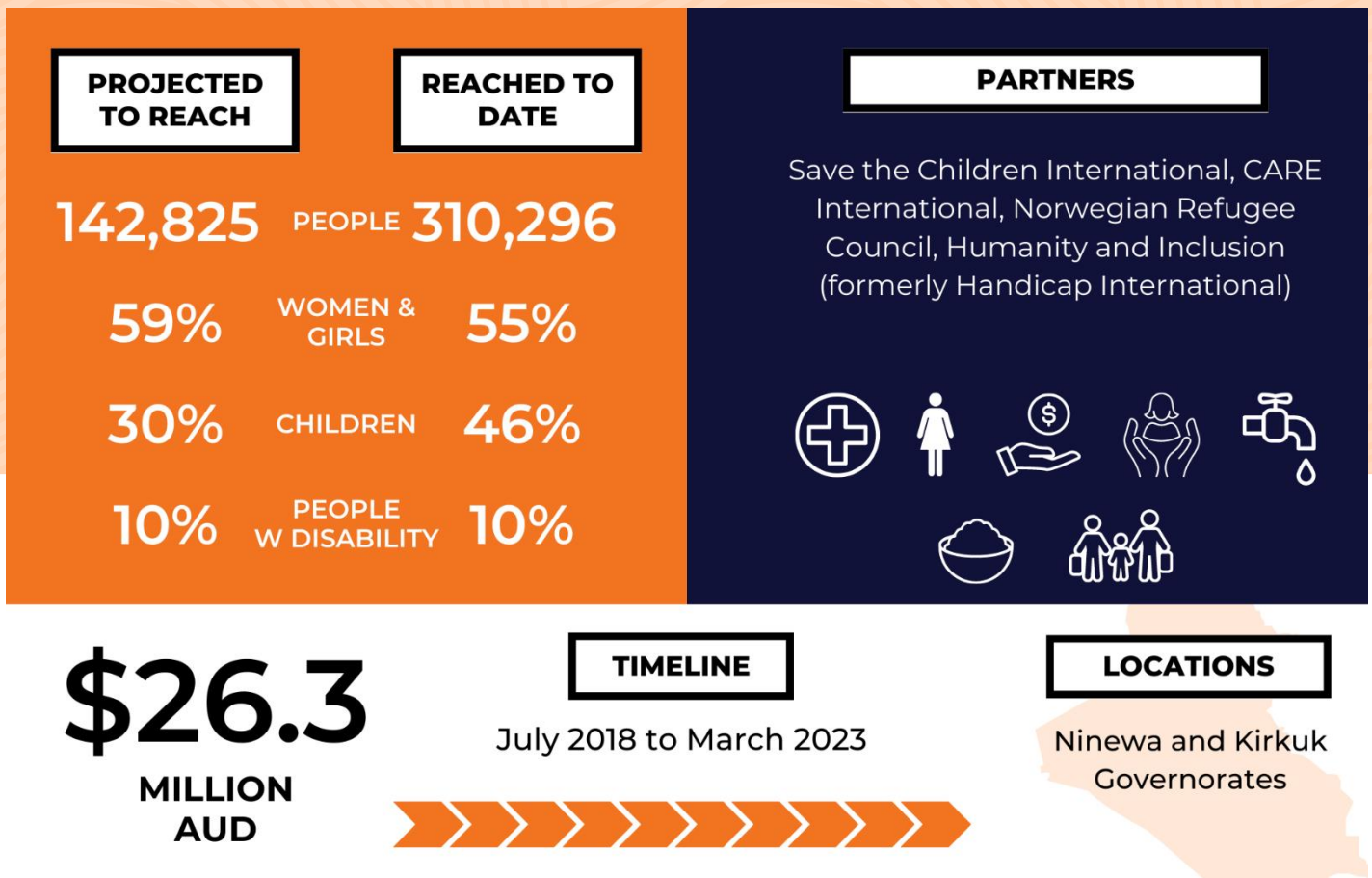
A host community in Chittagong faced several challenges with a nearby canal before Caritas initiated a disaster risk reduction intervention.

The canal was not properly cleaned or excavated, leading to frequent flooding of nearby plots, and other disruptions to agricultural productivity. A lack of proper roads and flooding also affected school access. The community had received no response to their requests to the government for assistance with the canal. Poverty and limited livelihood opportunities further exacerbated the situation, making it difficult for community members to engage in voluntary canal cleaning.

Caritas consulted with the community and local government to determine a way forward. The community actively participated in design and implementation of the canal improvement project through a cash-for-work approach. Women were targeted for inclusion, with segregated toilets and a child feeding centre installed to enable their participation. People with disabilities were also included, with appropriate roles assigned suitable for their specific skills.

The project has brought tangible changes to the community. The clean and well-maintained canal enables water to flow freely to fields and vegetable gardens, with good harvests reported by farmers. Additionally, children can easily access their school and community members have discovered new connections with neighbouring villages due to the improvements to the road and canal.

IRAQ: BUILDING PEACEFUL FUTURES



Overview

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 (BPF) project has supported vulnerable people in Ninewa and Kirkuk Governorates — both displaced persons and those returning to their homes — to become more resilient through the inclusive provision of humanitarian assistance and protection services. The response 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 last 12 months, people faced additional stress of sudden camp closures and increasing cases of COVID-19. Despite these increased challenges, the BPF Consortium managed the continued safe and dignified return of displaced people, and improved resilience through inclusive access to essential protection, WASH, legal, and sexual, reproductive and maternal health services. The response reached 177,931 participants directly, as well as a large audience through one-way communication on COVID-19.

Response highlights



Accessible and inclusive essential services

The response prioritised vulnerable groups, women/girls, children, people with disabilities and some 10,400 internally displaced persons. Participants found all interventions safe and easy to access, providing equality and inclusion for all groups. The programme also benefited from the expertise and consultation of CARE and Humanity and Inclusion (HI). CARE provided expertise to promote gender equality in humanitarian action, with recommendations applied across all themes in the response, while HI guided the systematic inclusion of people with disabilities in the provision of services.

In the program's endline evaluation, 48% of the inclusion service participants said that the services had a considerable effect on their lives.



Supporting legal rights

Lack of access to civil documentation is a huge barrier for crisis-affected populations in Iraq. An estimated 1 million Iraqis are still missing core civil legal aid documents. NRC provided legal assistance to 8,081 project participants (6,551 in Sinjar and 1,530 in Hawija), to enable them to register and access critical humanitarian aid, including by supporting them to access civil documentation.

83% of endline survey respondents were satisfied with the legal assistance/counselling they received. 85% of endline respondents who received legal aid were satisfied with it. People who were interviewed for the endline also mentioned the activities improved social inclusion, through the provision of legal aid services for contentious issues include housing, land and property disputes, which are common causes of community tension.



Sexual, reproductive and maternal health

The response rehabilitated primary health care facilities and constructed maternity units in Al Shuhada and Sardashti to improve sexual, reproductive, and maternal health facilities. Other activities included the provision of mobile health clinics to enable health care access closer to affected populations; skills strengthening of health care workers; life-skills courses to victim-survivors, including survivors of ISIS; the provision of dignity kits; and counselling services for victim-survivors and their families. Gender mainstreaming was incorporated into the design of all program activities.



Restoring access to life-saving clean water

Save the Children implemented WASH interventions at two levels. Infrastructure was rehabilitated, including water networks, water treatment plants, boreholes, and school WASH facilities. Household-level access to clean drinking water was also improved. Save the Children rehabilitated 17 water networks (8 in Hawija and 9 in Sinjar), 1 electro chlorination unit in Sinjar, 9 drainage facilities, 656 sanitation facilities (250 Hawija, 406 Sinjar) and latrines in 17 schools. During the life of the project SCI established 17 WASH Committees (9 in Sinjar; 8 in Hawija). These committees had representation by 63% males and 37% females, as well as 15% persons with disabilities.

At endline, 82% of people who attended awareness sessions and were surveyed believed these activities improved their knowledge of hygiene and sanitation issues, a critical factor in decreasing the prevalence of water-borne diseases. COVID-19 awareness sessions were also noted as highly useful services.



Lessons for future responses

The BPF program in Iraq successfully achieved its goal of increasing the resilience of vulnerable people in Kirkuk and Ninewa Governorates through inclusive humanitarian assistance and protection services. However, there are key lessons learned from its implementation that must be considered to further develop understanding of the issues.

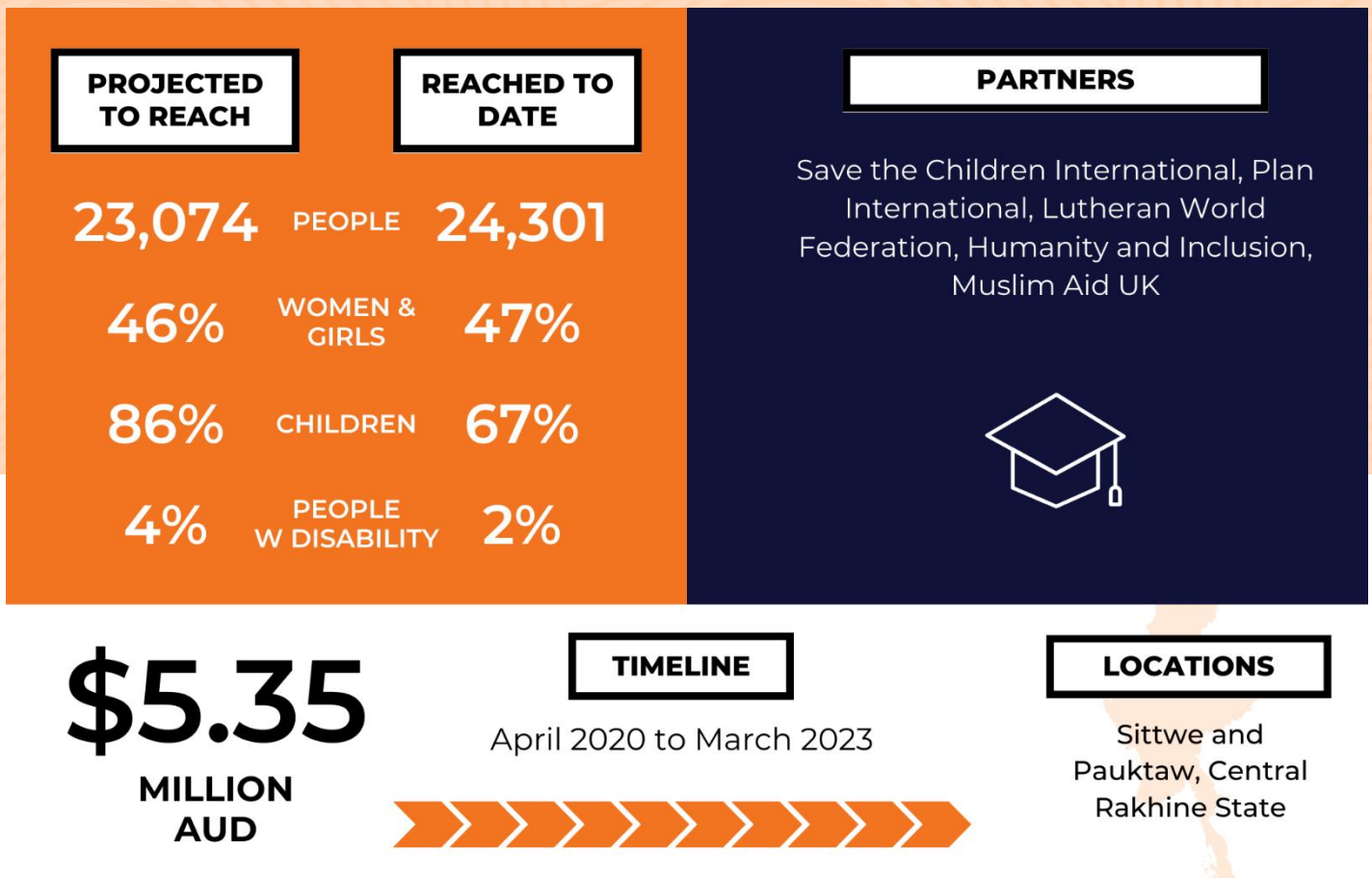
Lesson 1: Humanitarian investments need to be absorbed into development budgets at the national and local levels for longer-term sustainability. Despite the investments made by humanitarian actors in Iraq to support access to lifesaving needs, government agencies remain under-resourced and vulnerable to shifting power dynamics. Political will is needed to ensure that humanitarian investments are absorbed into development budgets, along with durable solutions roadmaps and plans.

Lesson 2: Advocacy is needed to enable dignified reintegration of displaced individuals. Policy-related barriers continue to undermine the efforts made through humanitarian assistance. Advocacy is necessary at all levels of government to create entry points within policy/legislation to enable the dignified reintegration of displaced individuals to their homes and communities in safety and with access to basic services and infrastructure.

Lesson 3: Local actors must be represented during reconstruction and transition dialogue. Platforms like area-based coordination were established in governorates/districts with a higher percentage of returning population, but they do not have representation of local actors. The exclusion of local/national civil society from the dialogue can have negative impacts, as they often represent the voice of marginalised and underrepresented communities. This can lead to policies and decisions that do not reflect the needs and aspirations of the local population and can undermine the legitimacy of the transition process.

To ensure that future AHP investments in contexts like Iraq are successful, programs must be designed with the needs of the targeted population and an in-depth understanding of the context. Continuation of services that are equitable is also necessary for the way forward to heal the communities. The BPF response, through its partners, was able to provide platforms that were conducive to supporting trust building through inclusive and conflict-sensitive programmatic approaches.

MYANMAR: EDUCATION IN EMERGENCIES



Overview

As one of the poorest countries in the region, Myanmar faces substantial humanitarian challenges, with high numbers of displaced people and significant humanitarian needs. The AHP partner-led humanitarian response in Myanmar focused on Education in Emergencies, for the 20% of children who are internally displaced and have limited access to a formal education. The majority of those displaced are Rohingya or other marginalised ethnic minorities.

The response involved improving the overall quality of education within internal displacement camps through professional development for teachers and school-community engagement. Ensuring girls, children with disabilities and adolescents were included in education activities was a significant focus. Over the two years of the response, programming was adapted to meet the changing conditions in Myanmar as a result of the COVID-19 pandemic and the 2021 military coup, including innovations such as small-group education to support continued learning during lockdowns and school closures.

Response highlights



Education through the pandemic

The response was forced to adapt to the changing environment in IDP camps due to COVID-19 outbreaks and government regulations. Country-wide school closures meant AHP partners shifted to deliver remote support to camp-based teacher volunteers, including via online training and regular one-on-one sessions for teacher's professional development. This was coupled with home-based learning materials for students, guides for parents and students, small-group education led by volunteers, and additional support for children with disabilities. While the changes were not ideal, evaluation data demonstrated that the program adapted well. For example, 99% of teachers who accessed professional development sessions through the activation reported using their new skills in the classroom, including using student-centred and play-based learning practices.



More girls and women in the classroom

The employment of 25 female assistant teachers in partner communities demonstrated that women could do more than household chores and child rearing, while also increasing the presence of women in the classroom. The assistant teachers acted as role models for female students and supported students with disabilities, while being connected to a Female Teacher Peer Network (FTPN) where they could undertake continuous professional development.

The response has contributed to the physical safety, protection, and well-being of students, according to stakeholders, including in physical infrastructure. As a result, more children are attending school compared to before, particularly girls. 7,679 girl students were supported to attend primary and post-primary education regularly through the response.



Increasing access in classrooms and communities

AHP Partners made a significant effort to implement an inclusive approach to education in emergencies, with 489 students with disabilities supported to attend temporary learning centres and non-formal primary education centres regularly. This was complemented by gender and disability awareness sessions conducted by volunteer teachers on the importance of school attendance, as well as wider community sessions (reaching more than 5,162 community members) to increase awareness on child rights, including support for children with disabilities.

Cash programming was highly effective in increasing access to education for many families. 98% of respondents reported using the cash support for school fees. This resulted in a noticeable increase in regular attendance to government schools and a positive change in parents' attitudes towards education.

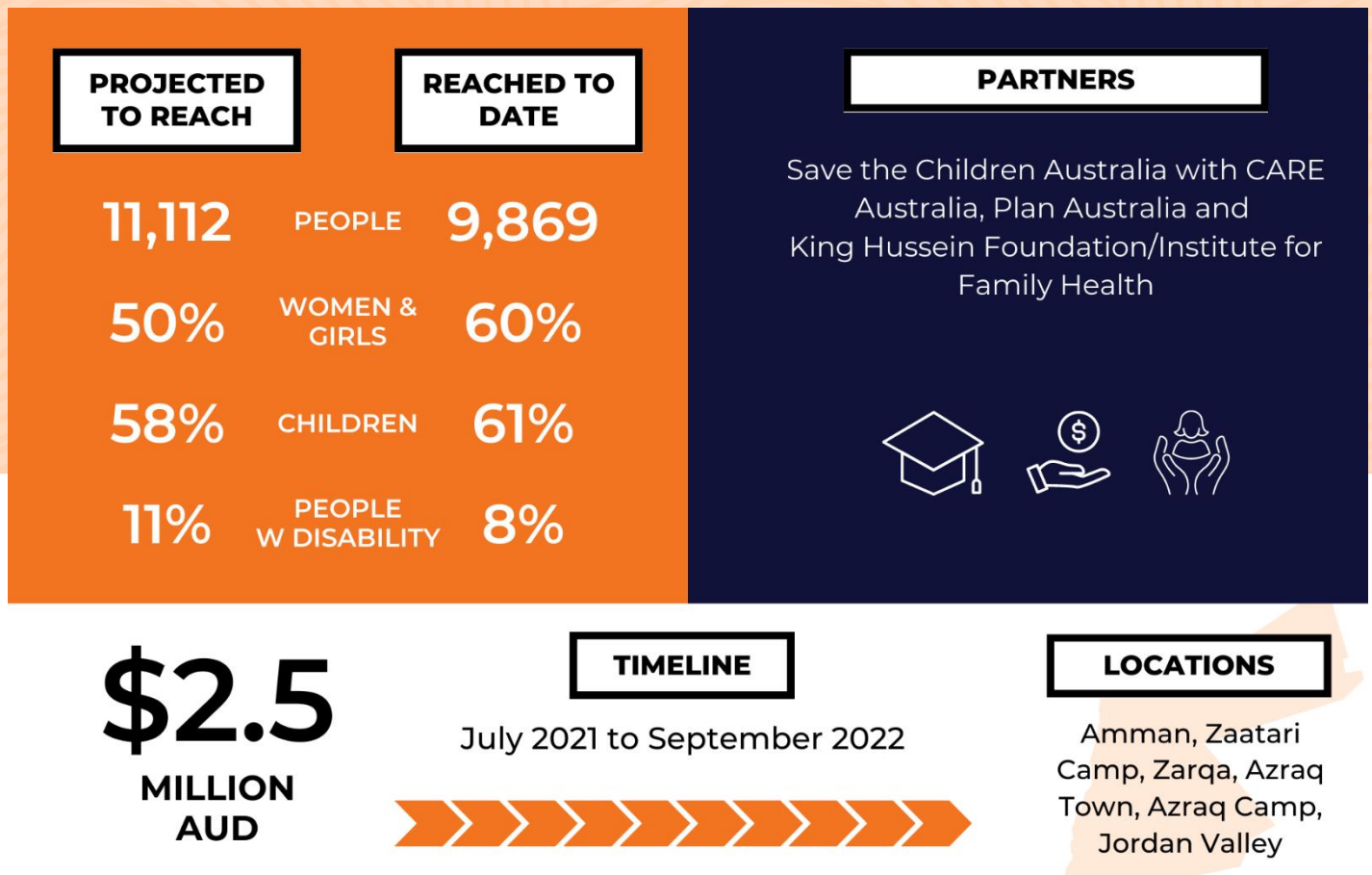


Shifting gender norms

Girls' Clubs were implemented in communities where girls' and women's rights to education were not being realised. Girls' Clubs supported the inclusion of girls in education, fostered decision-making power, increased girls' protection, and worked to mitigate gender-based harassment and violence. 61 Girls' Clubs were established in each IDP camp in Sittwe and Pauktaw, with a total of 1,806 girls aged 9-16 participating in activities.

The Champion of Change initiative led to a significant increase in the participation of women and girls in IDP camps, typically a male dominant community. The sessions allowed participants to familiarise themselves with tools that strengthened their skills in integrating gender when implementing activities, such as setting up and operating the Girls' Clubs, addressing GBV, and raising awareness on gender equality.

JORDAN



Overview

In its response to the impact of the Syrian Refugee Crisis and the impacts of COVID-19 in Jordan, the AHP delivered a comprehensive response aimed at improving the quality of life and resilience for refugees and vulnerable Jordanians (12-17 years old) that had dropped out of schooling. Economic stress, displacement, discrimination, and other negative coping mechanisms such as child labour have impacts on educational access and attainment in these groups.

Delivered via a consortium approach with international and local implementing partners, the response provided young people with access to certified educational pathways and livelihood skills-building, as well as psychosocial support.

The families of these young people were also supported by a range of activities. Households were linked to income-generating opportunities, resources and employment skills training. The response included a strong focus on gender equality, addressing gender-based violence (GBV), sexual and reproductive health (SRH), and the inclusion of people with disabilities to enhance their participation and empowerment. As a result of interventions, participating children improved their academic performance and family members demonstrated improved interest and skills in career pathway development.

Response highlights



Effective and inclusive education services

717 out of school children, including children with disabilities, benefited from inclusive education services. The project served some of the most vulnerable and disadvantaged communities, as well as children not targeted by any other project or organisations. Teachers were trained in inclusive education using Special Needs Assessment Profiles (SNAP) tools and differentiated learning and teaching strategies. 98% of out of school children demonstrated improved academic performance during the response period.



Protection and empowerment

The response focused on providing information and access to services for survivors of sexual and gender-based violence. 3015 counselling sessions were provided to survivors and 204 survivor support group sessions were conducted. Parents, caregivers and other community members were also reached through targeted community-based campaigns. It was found that program interventions contributed to the empowerment of women and girls by enabling them to understand the protection services available to them.

300 out-of-school youth participated in Youth Resilience workshops. The training promoted positive coping strategies and resilience among adolescents to sustain their protection, psychosocial wellbeing, and healthy development. Workshops also helped to build protective social networks of young people at both family and community level.



Wrap-around livelihoods support

Case management teams assessed and identified the most vulnerable out-of-school children (12 – 17 years). These 400 children and their families were provided with income generating skills and resources including self-employment sessions and vocational start-up kits. Families also received professional development training, career counselling services and financial literacy sessions, and were linked with income generating opportunities. Upon the completion of livelihood training, all participants received start-up kits to enable them to create their own home businesses. Over 90% of surveyed families reported improved interest, confidence, and skills in their career pathway as a result of program interventions. 105 households were also actively participating in Village Savings and Loans Associations.

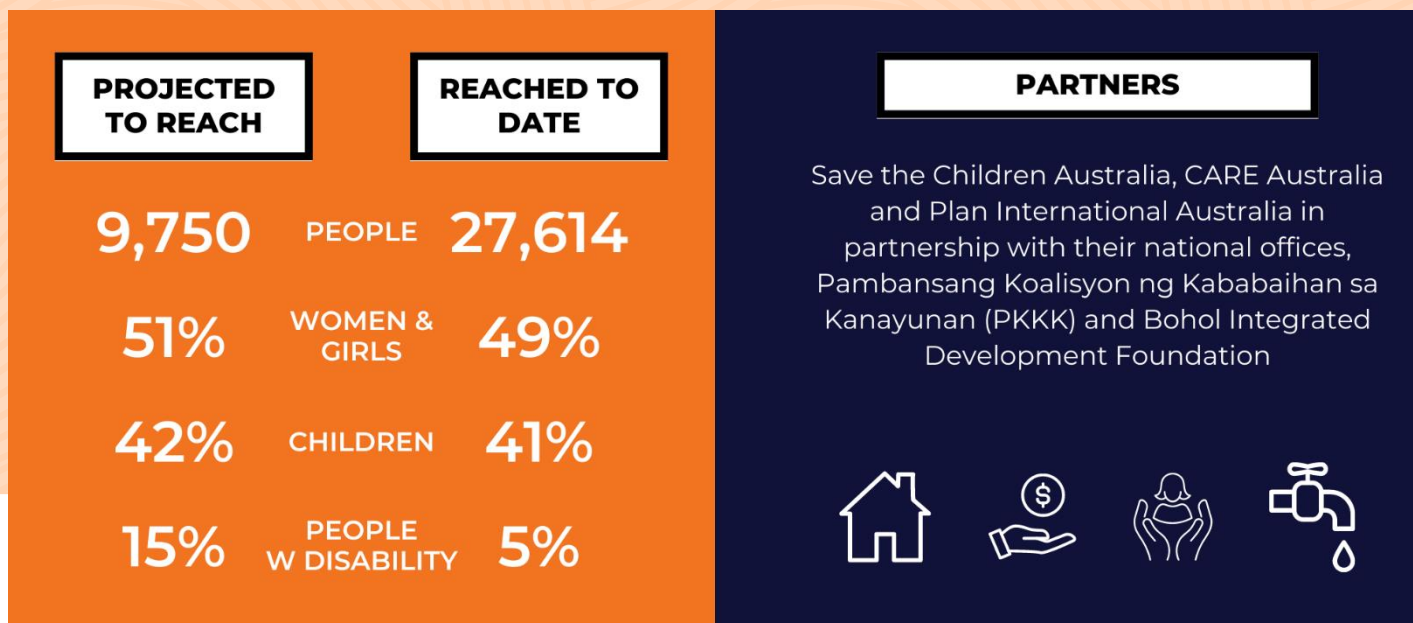


Engaging men and boys in gender equality

The Champions of Change program delivered training to all volunteers in the community-based organisations involved in the response, as well as consortium partner staff. The program worked to foster intergenerational dialogues to ensure boys', girls' and young peoples' commitment to gender equality was supported by their families and their communities. Men and boys were also engaged in training that advocated against gender-based violence and promoted women and girls' participation in economic and public life.

81% of participants showed improved knowledge and attitudes on issues related to GBV, PWD MHPSS, and SRH. As a result of project interventions, families and communities have become more supportive of women's economic participation, female education, and are advocating for a more inclusive infrastructure to engaging PWDs into the educational system and workforce.

PHILIPPINES: TYPHOON RAI RESPONSE



\$1
MILLION
AUD

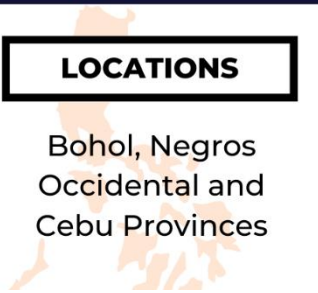
TIMELINE

January 2022 to October 2022



LOCATIONS

Bohol, Negros Occidental and Cebu Provinces



Overview

The Philippines was struck by Category 5 Typhoon Rai in December 2021. The Typhoon killed more than 400 people, damaged more than 1.7 million homes and displaced nearly 200,000. In the immediate aftermath, there was a significant need for shelter, food, water, hygiene supplies and other humanitarian essentials.

The Australian Humanitarian Partnership consortium was led by Save the Children Australia and together with CARE Australia and Plan International Australia, delivered life-saving interventions to affected villages across the Philippines. Partners worked closely with local civil society and government to deliver the response, while also taking into account the effects of the continuing COVID-19 pandemic.

Along with assisting with the immediate humanitarian needs of the affected population, the response also supported recovery from disaster through the rehabilitation and repair of water supply and sanitation facilities, support for livelihoods and farming and protection programming.

Response highlights



Shelter and supplies for affected households

1,358 households or 6,738 individuals benefitted from the distribution of shelter and other household items. These shelter kits prioritised households that were partially or totally destroyed by the typhoon, with households headed by or with members who are persons with disabilities, older persons, lactating mothers and children given the utmost priority. This inclusive approach ensured increased accessibility for those who were most vulnerable.



Increasing agricultural production

Endline data showed around 88% of respondents (64% female) said they experienced an increase of at least 30% in agricultural production after the response. This was achieved through livelihood trainings that were conducted with a gender lens. The sessions focused on how women (individually and collectively) could maximise resources to augment food supply and produce enough surplus for additional income. This intervention will have long lasting effects in the recovery of communities and livelihoods impacted by the typhoon.



Empowering women to advocate for protection

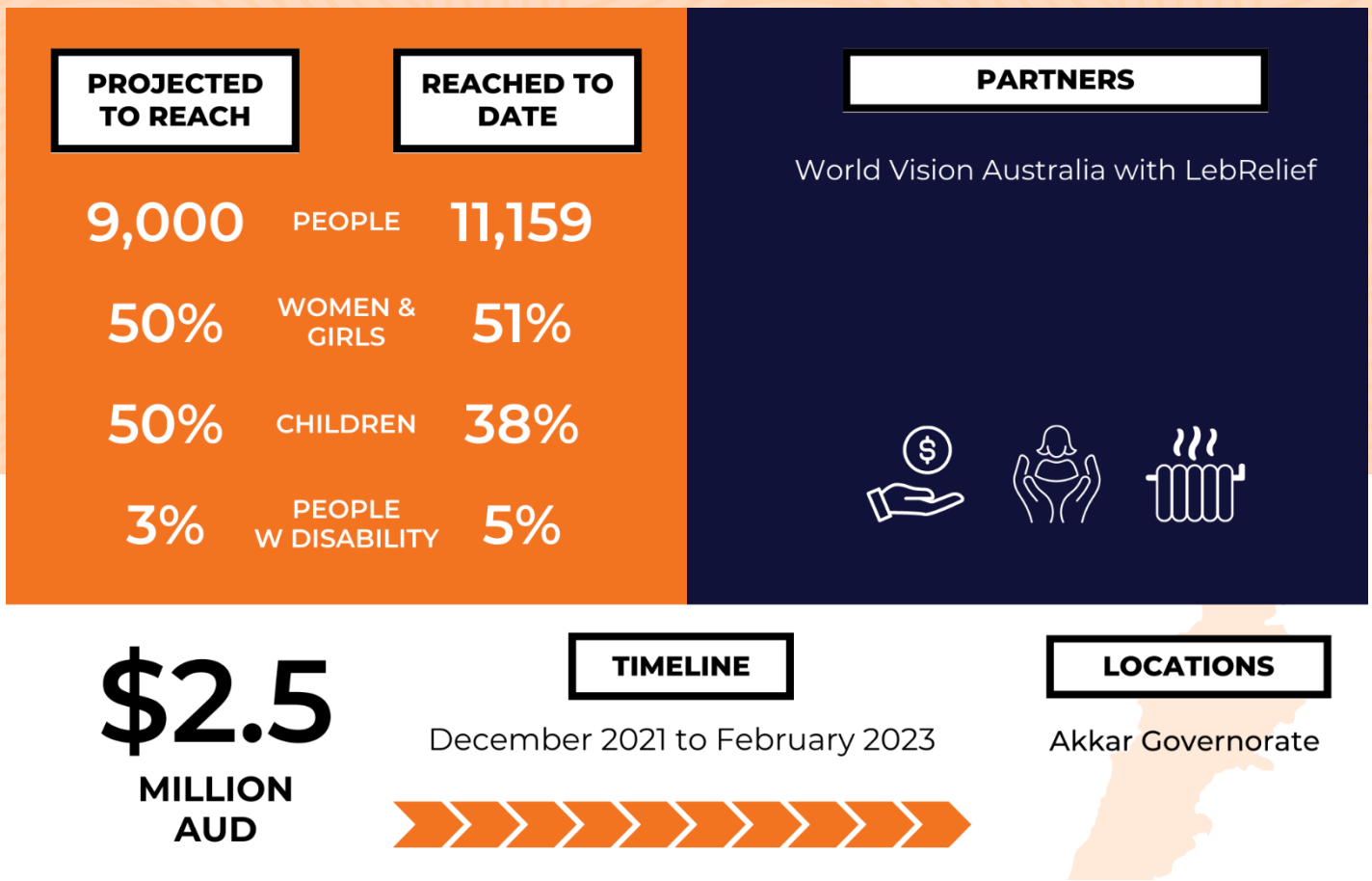
Women's advocacy was at the forefront of the response, with AHP Partners working to facilitate appropriate responses to victim survivors. Key to this was reactivating women's groups which assisted local women to have increased confidence in reporting and speaking up about gender-based violence as well as bridging the gap in the accessibility of women and child protection services. Plan International and Save the Children Philippines worked to strengthen the referral mechanism and system which provided the community a clear guide of what should be reported, how to report and to whom, ensuring the process was accessible to those who were most vulnerable.



Building on local expertise

Utilising the expertise of local organisations was a key component within this activation, and in the sustainability and localisation of the response. Bohol Integrated Development Foundation, traditionally a community development organisation, had a significant impact on implementation due to its strength in organising and administering livelihood programs within the local context of the Philippines. This was also used as a co-learning experience to share expertise as part of organisational capacity building within the partnership. This localisation approach will have long-lasting effects by shifting power to local actors and reinforcing the agency of local CSOs to participate in humanitarian action, particularly in the face of emerging challenges due to climate change and conflict.

LEBANON CRISIS: WINTERISATION



Overview

In Lebanon, a multidimensional, severe economic and financial crisis has persisted since 2019. It continues to impact entire communities, especially the most vulnerable. As of April 2023, an estimated 3.9 million people were in humanitarian need, including 1.4 million children, according to the UN and its humanitarian partners.

Around 80% of the country's population has been pushed into poverty, more than double the level before the crisis. Fuel shortages and soaring costs have left households in the country's north unable to afford heating, putting people's health at risk. Food costs have spiralled, while hyperinflation has decimated the buying power of wages and savings.

Under the AHP response, World Vision Australia, through its office in Lebanon and in partnership with local NGO LebRelief, focused on livelihoods and winterisation support. Activities targeted vulnerable households in high altitude areas that experience harsh winter temperatures. Participants reported using the cash assistance provided to keep their families warmer through the winter by burning of wood and fuel. This also avoided burning plastic, which has health consequences for children and other family members.

Response highlights



Cash assistance for heating

A total of 11,159 participants from 2,270 individual households received winter cash assistance to support the cost of fuel, wood, alternative heating sources, home repairs or improved heaters. Each participant received US\$400 in total, spread across three payments. Vulnerable households were targeted for the support, including nomadic groups, migrant workers, female-headed households, people with disabilities, pregnant and lactating women, and families with children under five. The vast majority of participants surveyed had used the cash assistance provided to buy wood and fuel to heat their house through the winter period. Burning wood instead of plastic helped parents to keep their children healthy.

The response incorporated gender-inclusive financial literacy training for participants, with a particular focus on empowering women in decision-making. Additionally, messaging on child protection was delivered to empower vulnerable households to make informed decisions on safeguarding children from harm and exploitation.



Home repairs and education for heating preservation

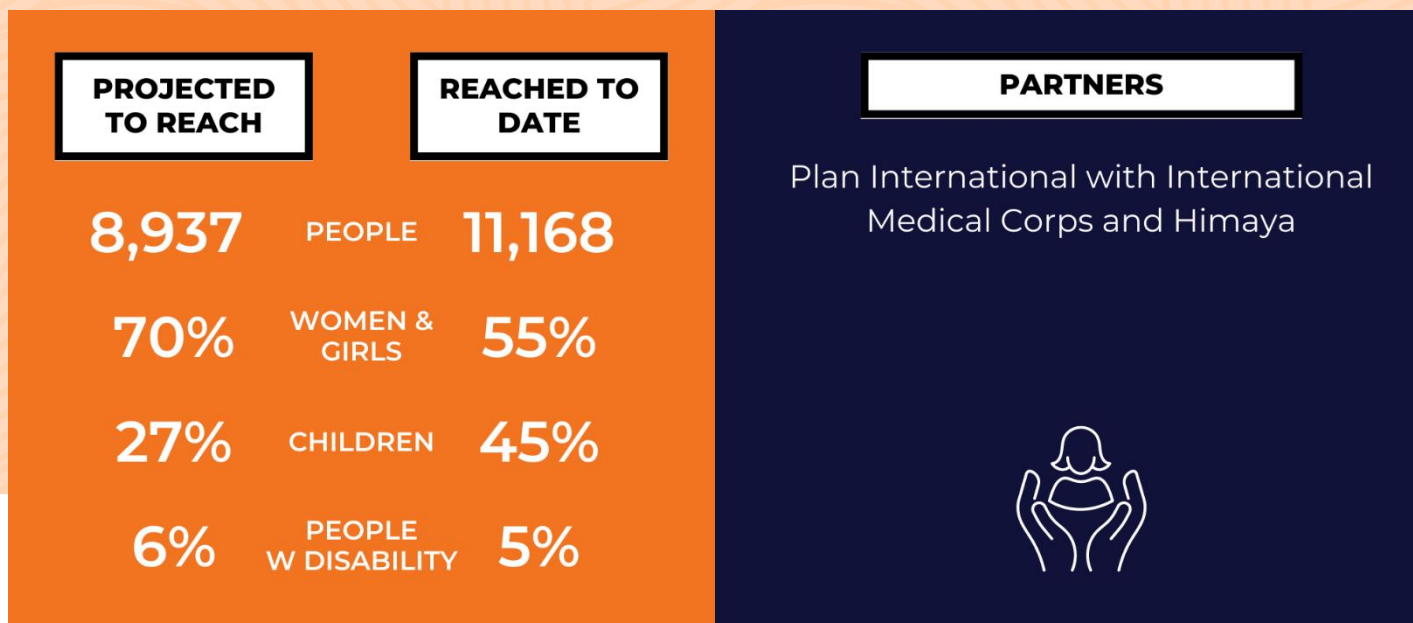
85 houses were repaired by contractors to improve their heat retention. Improvements included structural repairs, roof cleaning, drain cleaning, and the installation of plastic window shields and greenhouses on balconies and entryways. In addition to these works, 2,270 participants attended awareness sessions on heating preservation, and the use of alternative fuels such as olive pomace wood.



Innovation on alternative fuels

The response made significant progress on promoting alternative heating mechanisms in the Akkar area. After consultations, World Vision decided that olive pomace wood, made from the byproducts of olive oil production, would be a suitable alternative fuel that could be produced efficiently in the local area. Eleven producers in Akkar were selected, following a thorough vetting process, for coaching and technical support. Most producers were using old technologies, which made the production process slow and costly. World Vision provided materials to improve storage, packaging and distribution of olive pomace, such as storage bags, scales and sewing machines, to increase production and reduce costs. As soon as the olive pomace wood became available in the local market, the program worked to promote the effectiveness, efficiency and environmental credentials of olive pomace wood to program participants. Prior to this, many had been burning plastic or locally scavenged firewood to keep warm, with negative health and environmental impacts.


LEBANON CRISIS: PROTECTION



\$2.5
MILLION
AUD


TIMELINE

January 2022 to March 2023



LOCATIONS

South Lebanon
and Akkar



Overview

A currency and banking crisis has rocked the economy in Lebanon, sending the costs of food and essential items skyrocketing and wiping out families' savings.

Lebanon is also estimated to host one of the largest per-capita populations of Syrian refugees, as the Syrian crisis continues into its 12th year. 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.

Women and girls are still disproportionately exposed to various types of gender-based violence (GBV) in the community. According to the country's GBV records, physical assault and psychological/emotional abuse were the most reported types of GBV in January-March 2023, accounting for 35% and 32% of all reported incidents respectively. Child mothers, early married girls, unaccompanied and separated girls, women and girls with disabilities, older women, and female heads of households continue to be the most at risk.

Cultural and social norms contribute to the normalization of GBV and discourage women and girls from seeking help or reporting incidents.

The AHP response consortium intervened in two vulnerable areas (Wadi Khaled in Akkar and Old Saida City in South Governorate) based on a review of existing service mapping and needs. Partners worked to strengthen child protection and sexual and gender-based violence prevention and response mechanisms and capacities.

Response highlights



Effective case management services

The response provided age-appropriate, gender-sensitive, and confidential Case Management services to 274 medium- to high-risk children, and 675 consultations to sexual and gender-based violence survivors. Child protection issues increased during the response, as teacher strikes closed public schools and child labour increased. Local partner Himaya was able to close 119 child protection cases during the response. 73% of these children were protected and their cases closed after achieving their set action plans. Outcomes for children included protection through parental or legal action, finding assistance to end psychological abuse, reporting sexual abuse or moving to safer conditions.

Gender-based violence has also increased during the response, particularly due to increasing economic pressures. In addition to comprehensive case management, counselling, referrals to service providers, safety plans and cash support, women were able to access psychosocial support in community-based sessions, which included activities such as career orientation sessions, self defence classes, painting and drama classes. There was evidence that some women had used the services to help them to meet their goals, such as securing a divorce and child custody from a violent spouse,



Shifting youth gender norms and supporting positive parenting

More than 5500 children and youth (males and females) were equipped with knowledge and practices to participate in the wellbeing and protection of themselves and their peers. Children and youth were supported on an individual level to improve their resilience, before enhancing their skills and knowledge on gender equality and inclusion issues, in addition to challenging root causes of violence through inter-gender dialogue sessions and peer action groups. These forums created a safe space for boys and girls to meet and discuss social and gender norms that affect them negatively. Afterwards, one young man reported holding difficult conversations with his father to challenge entrenched gender norms and save his sister from an early marriage.

More than 650 parents and caregivers (males and females) were supported to adopt positive practices and create a safe environment for their children, while promoting gender equality; in parallel to when their children were attending activities.

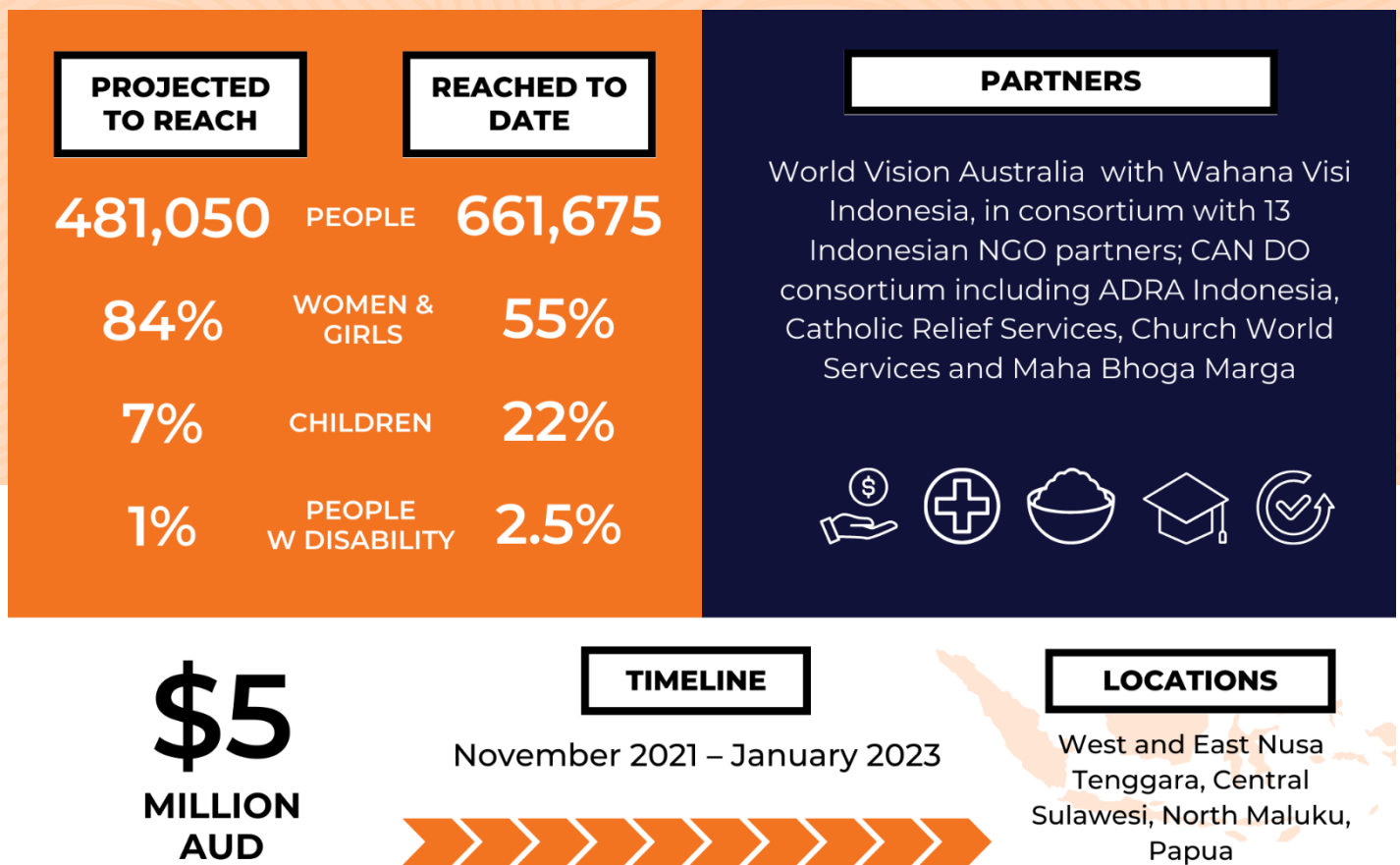


Strengthening service providers and the community response

102 community leaders (including religious leaders and teachers), 106 service providers and 7 OPDs were trained and equipped to be able to lead the prevention and response to child protection and sexual and gender based violence concerns, and to address gender inequalities and exclusion, within their communities.

With the support of the AHP response, community leaders undertook their own local activities to support children at risk of drop-out. In Wadi Khaled, community leaders decided to establish two new psychosocial support and educational centres in the area to provide children with a safe space where they could receive educational and emotional support and benefit from existing games, books and artistic materials. In Saida, community leaders supported an existing Scouts group by procuring musical instruments, books, educational toys and kitchen items to encourage more adolescents to take part in the group's activities and avoid negative coping mechanisms.

INDONESIA COVID-19 RESPONSE



Overview

In 2021, Indonesia faced one of the world's most severe COVID-19 outbreaks with the number of daily fatalities surpassing 2000 in July of that year. In response to the surge, the \$5 million AHP Indonesia COVID-19 response was delivered as part of a wider package of pandemic support to Indonesia through the Pulih Bersama (Recover Together) program. Running from November 2021 to January 2023, the activation was delivered by two consortiums, World Vision Australia and Church Agencies Network Disaster Operations (CAN DO) and covered 12 provinces and 56 districts in Indonesia, with a focus on Aceh and the eastern part of Indonesia. The key goals were to support the sub-national health response to COVID-19 and build community resilience.

Indonesia has since succeeded in controlling the spread of COVID-19, but the economic burden has fallen disproportionately on women and other marginalised groups and widened regional disparities. As well as supporting the health response, AHP programming also focused on Gender Equality, Disability and Social Inclusion (GEDSI) as local partners worked with government and other key stakeholders to assist marginal groups' access to health, educational, and psychosocial services.

Response highlights



Psychosocial support

The response ensured local communities affected by COVID-19 could access psychosocial first aid and/or referrals appropriate to their needs. Diverse community leaders and influencers received psychosocial first aid and mental health training, enabling them to provide peer-to-peer counselling within their communities. The trainers were equipped with the knowledge and resources to use indicators to identify the state of a person's mental health. The results of identification processes were used to refer people to psychologists for professional help and led to 3,392 people receiving in-person or remote counselling sessions. Partners reported the psychosocial-related assistance helped community leaders/influencers normalise mental health issues, which are not often discussed in Indonesia and can be highly stigmatised.



Logistics support for vaccinations

Partners coordinated with government and health authorities to strengthen the local health response to COVID-19 and accelerate vaccination campaigns. Vital logistic support was provided to enable participants to access vaccination hubs, especially for those in remote communities or with barriers to access. CAN DO supported 836 vaccination events held in 41 districts in 9 provinces, with 74,559 people vaccinated. Among those people, 28,299 were supported with transportation and other logistics. To ensure people with disabilities could access vaccination rollouts in village offices and vaccine hubs, as well as receive government cash assistance, the World Vision response provided 34 people with disabilities with mobility devices (19 wheelchairs and 15 crutches) in addition to building accessible roads for 414 people with disabilities (194 men; 220 women) in Central Sulawesi Province (Bilangga and Buluri village), and West Nusa Tenggara Province (Sajang, Pringgabaya, North Pringgabaya and Labuan Lombok).



Economic recovery for people with disabilities

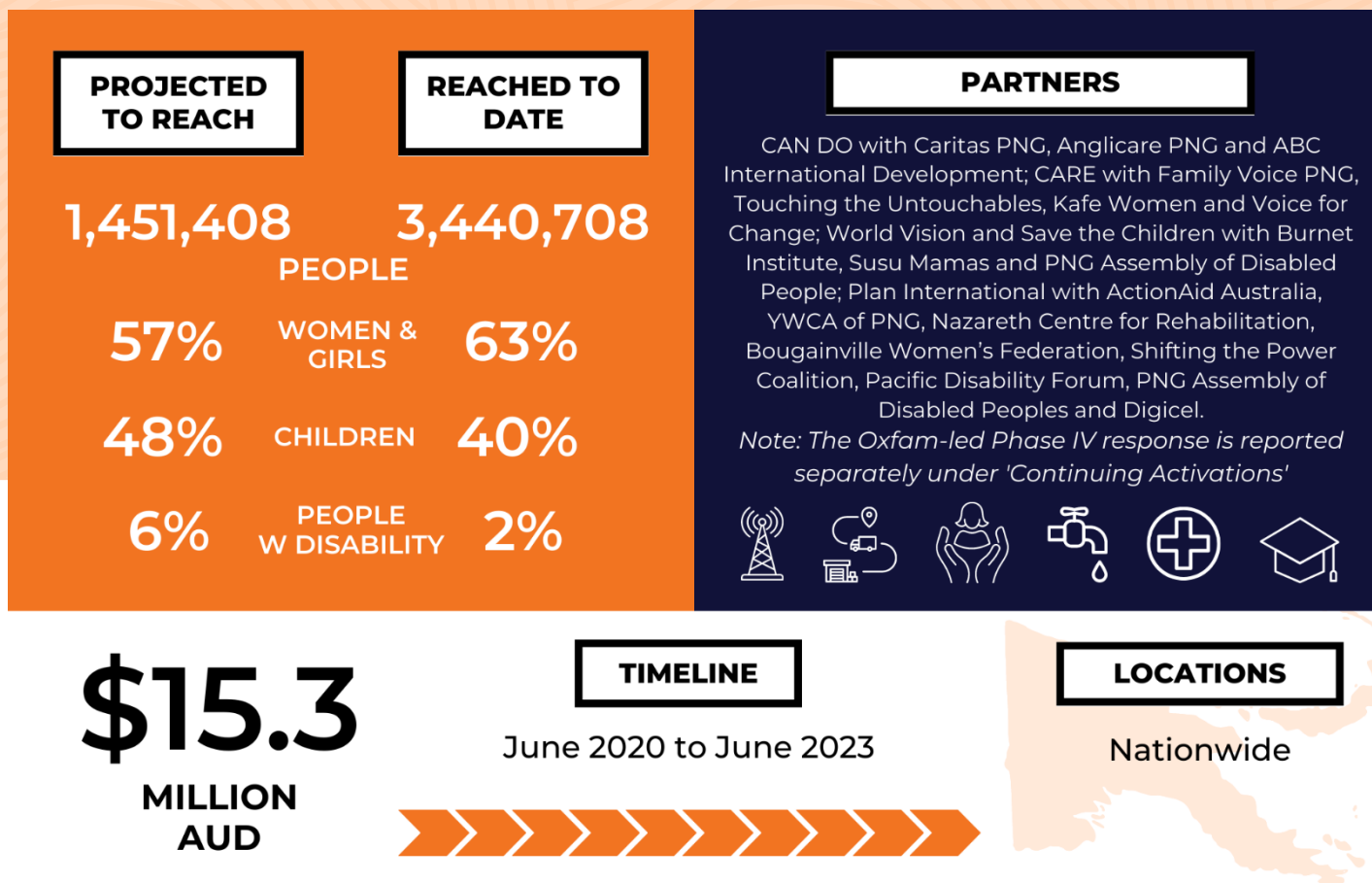
A key priority of the response was ensuring COVID-19 programming reached people with disabilities, with a focus on economic recovery and livelihoods improvement. World Vision reached 3,692 people with disabilities with cash assistance across the five target provinces. Of this, 452 people with disabilities were supported to build their micro, small and medium enterprises. In line with the response objective of developing inclusive business sustainability plans, World Vision trained people with disabilities on business management, financial management and digital marketing. CAN DO also conducted 85 training sessions on livelihood opportunities, reaching 119 males and 94 females with a disability. By the activation's completion, the program had reached a total of 6,701 adults with disabilities and 757 children with disabilities.



Learning and reflection

At the Pulih Bersama End-of-Program Learning Event held in Jakarta in February 2023, partners reflected on the response, and discussed program success, challenges and lessons learned. Despite challenges identified by each implementing consortium, the response was a success with both CAN DO and World Vision exceeding their targets and achieving intended outcomes. Partners attributed this success to factors including contextualisation of tools to fit the local context, investing in capacity building for local partners, leveraging the different strengths of diverse partners, and active involvement of community leaders, religious leaders, health workers, and the government.

PAPUA NEW GUINEA COVID-19: PHASE III & IV



Overview

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. At one stage, three activations were running simultaneously – responding to the surge in cases, while at the same time supporting the implementation of the national vaccination rollout. In this report, we are focusing on the Phase 3 and 4 responses, which are spread throughout different areas of PNG, with all six AHP NGOs contributing.

Partners focused on 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 concentrated 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 these groups.

Vaccine resistance has been a particular area of focus for the responses since 2021, through face-to-face, digital, and mass media campaigns focused on sharing COVID-19 prevention and vaccine information, training and practical support for health workers, and debunking misinformation and conspiracy theories. The use of one-way messaging for RCCE accounts for the higher than projected reach.

While all other Phase 3 and 4 activities in Papua New Guinea had concluded by June 2023, Oxfam and ABC International Development are continuing to work on vaccination uptake and health worker support. Their ongoing work is reported separately in the continuing activations section of this report.

Response highlights



Improving access to vaccination

While overall vaccination rates in Papua New Guinea remain very low, partners were able to improve access and uptake of vaccination in some target groups and communities. Through World Vision's collaboration with Provincial Health Authorities (PHAs), transport and logistical support provided by the response resulted in a direct increase from 5 people per community visit being vaccinated at the start of the response to 20 people per community visit. Some 36 integrated health patrols (World Vision and PHAs undertook patrols together) also referred 2,829 children with disabilities to be vaccinated. Children with disabilities are often less visible to government authorities due to lower attendance rates at schools, and are therefore harder to reach, particularly in remote areas. The response's direct PHA support and integration of disability awareness training had a measurable impact on children who otherwise may not have been reached.

Theologically-based messaging

CAN DO, in partnership with PNG churches and ABC International Development, created a series of unified messages on COVID-19 and vaccination drawing on theological principles that could resonate with PNG's predominantly Christian population, combat disinformation and reduce fragmented or misinformed messaging from faith leaders. These messages were shared through one-way (television commercials, posters) and two-way (community-based interactive sessions) approaches. This 'cascading' communications approach, with pastors taking the shared messaging back to their own communities to share in community meetings, interactive sessions and at weekly church services, resulted in people changing their attitudes and understanding of the COVID-19 vaccine. All participants in the interactive sessions reported that the theologically based messages were contextualised and relevant, and adequately addressed misinformation, key concerns and informational needs. Provincial Health Authority staff also participated in some interactive sessions, while others were held jointly with vaccination events.



Supporting women's leadership and advocacy

Through Plan International, ActionAid and local partners, 15 women leaders were trained to use innovative and accessible technology for localised information dissemination and two-way communication exchange on real-time issues in the community on COVID-19. The women utilised a phone-tree network, as well as SMS blasts with tailored messages on COVID-19 delivered via Digicel alongside television and radio advertising, to engage in two-way communications and advocacy. This feedback loop enabled women leaders based at the community level to identify persistent issues experienced by women and persons with disability during the pandemic, and to raise awareness of these experiences to district and region-level women leaders, who could then engage with decision-makers to advocate for solutions. Women-developed text messages were also sent to all 2.6 million plus Digicel subscribers nationally.

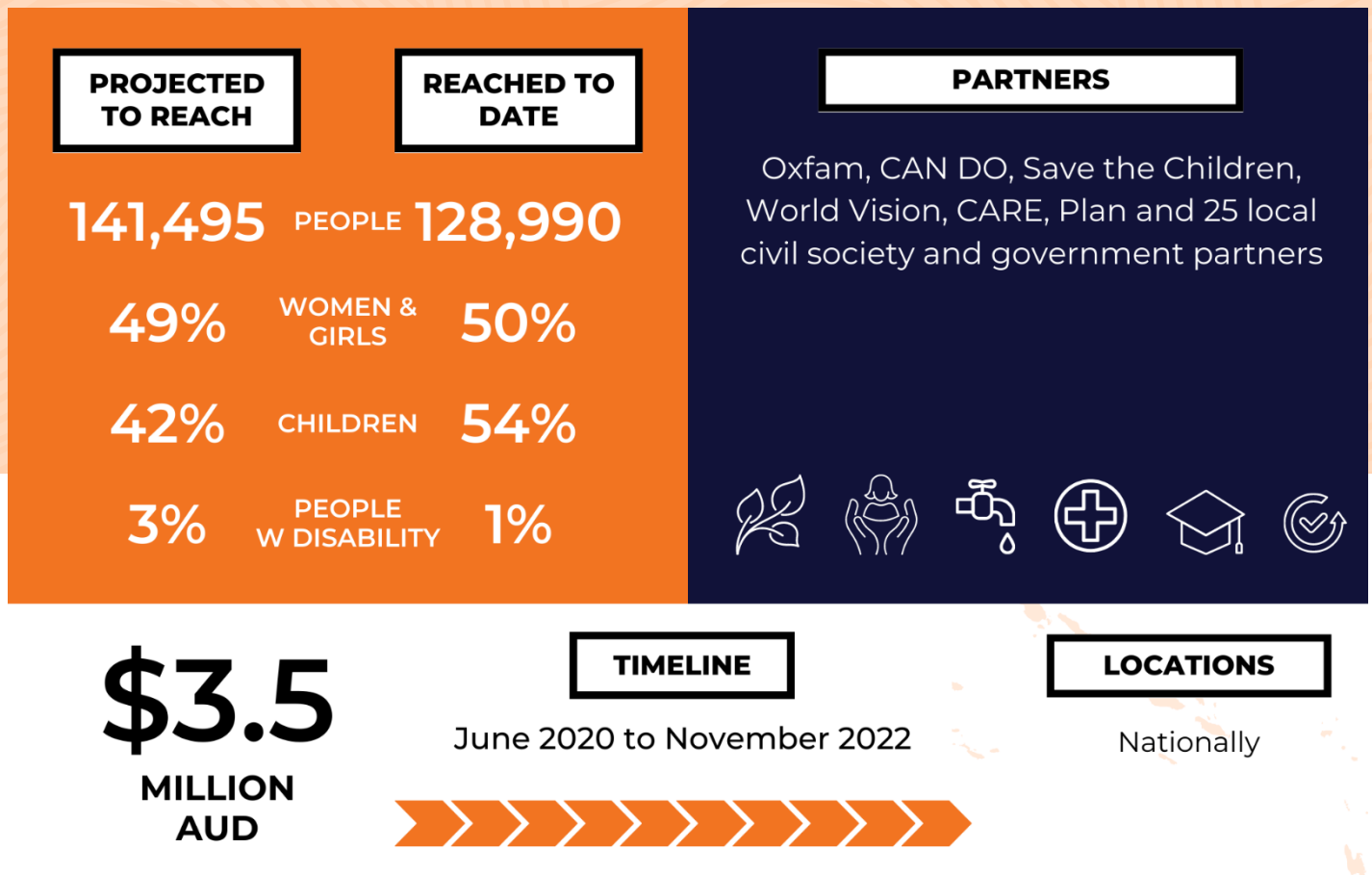
Evaluation findings

An evaluation of the effectiveness of risk communication and community engagement (RCCE) in Australian Humanitarian Partnership COVID-19 activations in PNG was completed in May 2023 by the Humanitarian Advisory Group in partnership with the Institute for Human Security and Social Change at La Trobe University.

The evaluation found that RCCE programs undertaken through AHP had a range of positive outcomes: more people were able to access simple information about COVID-19, and the vaccine and testing were more readily accessible. Specific groups received information relevant to their needs through targeted campaigns. Healthcare providers had access to resources and information that enabled them to provide vaccines, and community members had access to information and advice to inform their decision-making. Inclusive approaches to programming had important benefits for women and people with disabilities, while the abilities of government health authorities were strengthened so they could lead on the vaccine rollout.

However, there was insufficient information to demonstrate increased uptake of the COVID-19 vaccine and reduced spread and impact of the virus among targeted communities. PNG's overall vaccination rate remains low, with just 4% of the population receiving at least one dose of the vaccine by March 2023. Additionally, while there were examples of good practice by agencies and community views were positive overall, measuring the contribution of the AHP is difficult due to insufficient information at the outcome level.

SOLOMON ISLANDS COVID-19 RESPONSE



Context

COVID-19 had a significant and long-lasting effect on many countries within the Pacific, including Solomon Islands. While only a small number of cases were detected in the country until the beginning of 2022, when there was a spike, the economic and social impacts of closed borders and lockdowns were significant. As vaccination became available in 2021, efforts shifted to support the delivery of the vaccine program. By the end of 2022, approximately half of the population had received at least one dose.

In Solomon Islands, the COVID-19 response focused on building the resilience of communities in terms of food security, livelihoods and WASH, while ensuring inclusion and the protection of vulnerable groups to manage COVID-19 related risks.

The Australian Humanitarian Partnership response to the pandemic was supported by the Disaster READY program, which meant partners were able to respond quickly and effectively to assist with national COVID-19 response efforts, building on existing relationships and partnerships.

Response highlights



Social media awareness campaigns

Due to the impact of COVID-19 and nationwide lockdowns, several partners pivoted to social media to carry out awareness raising campaigns. Digital campaigning by Plan International and video messaging by Oxfam enabled a direct, regular means of communication and feedback with communities. Plan International was able to reach an estimated 264,764 people (45% women) with its online messaging. 70% of the population in Solomon Islands is below 34 years of age, which means youth engagement is essential – social media campaigns supported other information and education efforts, and connected particularly strongly with this younger cohort.



Food security during economic uncertainty

A thematic evaluation on food security and livelihoods in the AHP COVID-19 response, including in Solomon Islands, showed strongly positive results. Food security and livelihood activities were found to be inclusive, timely and relevant, reducing reliance on negative coping strategies.

- Communities in the Solomon Islands were especially positive about their engagement, with 88% of households reporting they were involved in defining needs and priorities of food security and livelihoods programming.
- 91% of households in Solomon Islands reported that food security and livelihoods support benefitted women.
- 78% of surveyed households in Solomon Islands reported that food and production support activities helped households to generate income.
- 89% of Solomon Islands households who received production and food support agreed it had helped them to feed their household.



Livelihoods and recovery

AHP partners supported the socio-economic recovery of communities through tailored strategies for subsistence farming and agricultural livelihoods. With livelihoods adversely affected by the COVID-19 pandemic, this work was essential in ensuring the long term sustainability of the response and ensuring that communities are more resilient to the economic shocks of COVID-19. Plant nursery banks were established with the provision of gardening tools, alongside climate resilient farming training and plant health clinics to improve yield and quality of produce in home gardens and community plots.

3

Partnership management

PARTNERSHIP MANAGEMENT

AHP ways of working

AHP continued to reinforce its partnership approach over 2022-23, especially through the country-led Disaster READY design refresh and collaborative response efforts.

In the Pacific and Timor-Leste, strong collaborative design approaches, facilitated by local consultants, saw a strengthening of multi-partner Disaster READY Coordination Committees with agreed collaborative learning agendas and localisation strategies. This was further strengthened and formalised at the country level through the development of country partnership agreements in PNG, Solomon Islands, Vanuatu, Fiji and Timor-Leste. With the assistance of partnership brokers, AHP partners and stakeholders met to discuss how they would work together, devise strategies for managing collaborative response efforts, and develop agreements on continuous learning for all. Workshops were successfully held during the reporting period and written partnership agreements are due to be submitted by each Disaster READY country in August 2023.

A strong example of partnership in practice came from Vanuatu, as all partners came together to develop a single response proposal after the twin Tropical Cyclones Kevin and Judy. Partners utilised their existing partnership agreement to discuss roles and responsibilities, agree on funding arrangements and coordinate on response activities. The collaborative approach is the agreed default in Disaster READY countries under the current phase of AHP and demonstrates the extent to which Disaster READY has supported greater disaster management collaboration, coordination and partnership among AHP partners and their local networks.

In the broader global response arena, a range of consortium and partnership approaches were adopted, including more traditional single-lead consortium models and multi-partner models. An example of the multi-partner model was the ongoing implementation of the Bangladesh Rohingya crisis response. Phase III saw all partners implementing with the support of a consortium support unit (CMU). Challenges with the various layers of governance within this particular model meant partnership outcomes were not equally strong across levels – implementation, country management, Australian oversight and contract management. An independent governance review found there were significant missed opportunities in the early months of the consortium to establish strong ways of working, including partnership brokering processes, standard operating procedures for decision making, and a dispute resolution mechanism. The review noted that the governance structure was too complex; there was poor communication and a lack of transparency across the governance layers; and that little attention was given to the importance of partnership. An independent evaluation of the Bangladesh program acknowledged the challenges highlighted in the governance review but found strong evidence of partnership and collaboration at the operational Cox's Bazar level highlighting the role of the CMU in fostering partnership through shared learning, collaboration and joint efforts.

Governance

AHP steering committee meetings have been specifically designed to reflect on partnership outcomes at the highest level of the mechanism. In 2022-23, two steering committee meetings were held, providing opportunity for AHP partners and DFAT to discuss challenges in activation processes and reflect on the collaborative design refresh approach for Disaster READY. The steering committee also endorsed the AHP Partnership Charter which provides a framework for ways of working. The partnership brokering process was held in August 2022 and included discussion on partnership approaches to improve locally-led humanitarian action, both through response activations and the long-term Disaster READY resilience program.

COMMUNICATIONS

New strategy and a website refresh

It has been a busy 12 months for communications in the AHP, as partners and the Support Unit worked together on conferences, a website redesign, a new strategy, new activation templates – and all the usual content, like social media, field stories, videos and marking important international days.

In September 2022, the AHP Support Unit team travelled to Brisbane for the Asia-Pacific Ministerial Conference on Disaster Risk Reduction (APMCDRR). Communications support in the lead up to, and during the conference, was crucial in ensuring strong visibility for AHP and Disaster READY at this key regional event. A booth showcased the work of Disaster READY, a side event launched the next five-year phase of the program among key stakeholders, and partners came together for a workshop where the importance of communications was emphasised.

The new Communications and Visibility Strategy for AHP was finalised in late 2022 and endorsed by the AHP Steering Committee. Building on the lessons and successes of the first five years, the strategy outlines clear expectations for partners in activations, key audiences, policies, and procedures. The overarching strategy also applies to Disaster READY, but additional work has taken place to support Disaster READY Country Committees to devise their own, locally-led plans – more details on this are available in the Disaster READY annual report.

An update of activation proposal templates in late 2022 also allowed us to reduce the amount of information we ask for from partners at the start of an activation. While our expectations for content and communications remain the same, as outlined in the Strategy, we have removed the requirement for full communications plans at the proposal or PIP stage, and instead ask for a short narrative summary and a content calendar. The goal of this change is to reduce work for partners while leaving more time for content creation.

A refresh of the AHP website took place in late 2022 and early 2023. The site was migrated on to a newer content platform with an updated design to tie in with a wider branding refresh, and improved structure and features. Field stories and publications can now be filtered more easily by country or topic, and content is better connected across sections. New 'Themes' sections were added to the site on crosscutting issues like gender, disability, localisation and climate change. The site can be continuously added to over the next five years, and there are emerging plans to incorporate more data visuals and mapping.

In addition to these initiatives, AHPSU continued to share a steady stream of field stories, videos and social media posts to highlight the work of partners, including supporting DFAT on content for the AusHumanitarian Twitter account, other DFAT platforms and reporting.

On Facebook, our AHP page has 2.9k followers and the Disaster READY page has 2.5k. On LinkedIn, where we have received significant and increasing engagement over the past 12 months, some 2.6k followers are keeping track of AHP updates. On Twitter, the AHP account has 1.8k followers, and on Instagram, 756 followers. Partners are also continuing to use their own social media channels to share work on AHP, increasing reach and visibility of our work.

The quarterly comms update email is now circulated to some 270 partners and stakeholders, including many DFAT Posts, highlighting the stories we are publishing to increase awareness within the partnership and to support peer learning.

MONITORING, EVALUATION AND LEARNING

Demonstrating impact through a new MELF

An AHP Monitoring, Evaluation and Learning Framework (MELF) was developed in 2022-23 to guide the monitoring, evaluation and learning approach for AHP Phase II.

The division of MEL responsibilities across the Partnership is the key to the effectiveness of AHP MEL. The AHPSU is responsible for overall AHP MEL processes, as well as managing review, synthesis and analysis processes for end-of-program and intermediate outcomes at the program level. AHPSU will also lead independent program evaluations and reviews and host learning events to assist humanitarian sector learning.

For individual activations, AHP Partners will track progress against logframes and associated indicators, including through progress reports. Disaster READY partners also develop project logframes, core indicator data and project reports as well as synthesising data at the country level to track progress against country indicators and Disaster READY Country Plan results. Partner MEL activities at the individual AHP activation and Disaster READY project and country level provide the crucial evidence needed to demonstrate AHP program impact.

Evaluations

The AHPSU has managed several evaluations of AHP activations during 2022-23. These evaluations provide key information for evidence-based management and accountability under AHP.

- A COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership evaluation report, which evaluated the COVID-19 response in Fiji, PNG, Solomon Islands, Timor-Leste, and Vanuatu, completed in March 2023. The evaluation found that, despite implementation challenges for partners, the Partnership's programming improved communities' resilience to the impacts of the pandemic and supported recovery efforts across the five country contexts. The report also highlighted a need for more integrated protection programming and more consistent capture of evidence across the AHP to strengthen localisation objectives.
- The AHP COVID-19 PNG risk communication and community engagement (RCCE) response evaluation report, completed in May 2023. The evaluation found that RCCE programs undertaken by the AHP-led consortiums in PNG reached several hundred thousand people and had a range of positive outcomes. More people were able to access simple information about COVID-19, and the vaccine and testing were more readily accessible. However, there was less evidence of the desired results at the program outcome level, namely, increased uptake of the COVID-19 vaccine and reduced spread and impact of the virus among targeted communities in PNG.
- The AHP Bangladesh Humanitarian Response Phase III evaluation, delivered in July 2023. The evaluation report found that initiatives implemented in the Rohingya refugee camps and host communities had yielded good results. There have been positive changes in community culture and attitudes towards education and hygiene. Livelihood interventions have empowered individuals, reduced dependence on aid, and fostered self-reliance in host communities. Education and WASH interventions have improved access to essential services and promoted health and sanitation. However, challenges related to sustainability and market access in camps remain, necessitating continued support and efforts to enhance income-generating opportunities.
- The AHP Ukraine Humanitarian Response real-time review (RTR) was implemented from October 2022 to June 2023 to harvest real time learning from the mental health and psychosocial support (MHPSS) activities in Ukraine, Moldova and Romania and identify improvements. The RTR concluded that overall, the AHP MHPSS response design was relevant, effective, and well-tailored to the local context in each target country. The review also found that inclusion was a central focus of the response. All partners were on track to meet their MHPSS targets at end-June 2023. Partners valued the regular learning workshops and reports produced through the real-time review, with 90 per cent of accepted recommendations accepted by local and AHP partners.

Learning

The AHP Phase II MELF includes a learning strategy to target humanitarian sector learning. Program learning also helps to continuously improve AHP activities and approaches. Learning activities during 2022-23 included:

- For the first time, a learning event was held at the end of an AHP activation to document progress to outcomes and key enablers and challenges. The AHP Indonesia COVID-19 Response: Pulih Bersama End-of-Program Learning Event in February 2023 in Jakarta was attended by 36 people including AHP in-country partners, local partners, DFAT, the Government of Indonesia and International Federation of the Red Cross (IFRC). This event brought together key learnings from the World Vision Australia and Church Agencies Network Disaster Operations (CAN DO) consortiums that delivered the Pulih Bersama project. Both consortiums outlined key factors in the effectiveness of their projects, which exceeded targets and achieved intended outcomes during a challenging time.
 - For World Vision and partners in the Pulih Bersama project, enabling factors included: the use of the WHO standard of RCCE and contextualisation of the tool to fit the local context; capacity building for local partners; leveraging the different strengths of diverse partners, and active involvement of community leaders, religious leaders, health workers, and the government. Key challenges included: working with partners from different organisational types; investing in a range of support to meet capacity building needs; ensuring that partner staff matched the required roles, and challenges with coordination and community needs in different local contexts.
 - The CAN DO Consortium's project was effective due to extensive stakeholder collaboration; positioning community, women, and religious leaders as influencers; addressing diverse beliefs among religious leaders through evidence-based public health measures and sharing expertise and adapting program strategies through the consortium mechanism. Key challenges included: consolidating different ideas in a consortium; paying attention to local context; innovating data collection during the pandemic; addressing misconceptions about COVID-19 vaccinations; and working with local authorities on vaccine shortages and distribution conflicts.

Two AHP learning events were held parallel with AHP Steering Committees during the 22-23 Financial Year.

- The first of these learning events, facilitated by the AHP Disability Inclusion Adviser, was held in November 2023 and attended by 37 participants. It focused on 'using evidence to strengthen disability inclusion'. It reflected on how well the Disaster READY Disability Inclusion Evaluation had been utilised by partners, for example in clarifying the role of Organisations for People with Disabilities and mainstreaming disability inclusion. The session also provided practical guidance on using AHP knowledge resources to strengthen disability inclusion in future programming.
- The March 2023 learning event was hosted jointly by DFAT, AHP and the Australian Council for International Development Humanitarian Reference Group, encouraging greater learning opportunities within the broader humanitarian sector. The workshop, which was attended by 48 people, focused on locally led humanitarian action. It included sessions on barriers and enablers to localisation, facilitated by the Disaster READY design team; learning and innovation led by the Australian Red Cross, and measurement of locally-led humanitarian action facilitated by the Humanitarian Advisory Group. Survey results found 88 per cent of participants improved their knowledge of locally led humanitarian action through the event.

Localisation

Localisation has been a key theme of MEL activities during 22-23. The AHP Indonesia COVID-19 Response: Pulih Bersama End-of-Program Learning Event was a local workshop, conducted in Bahasa Indonesia by a local consultant with strong involvement from local implementing partners. The learning event report also includes an executive summary in Bahasa Indonesia. Meanwhile, the theme of the March 2023 DFAT-AHP-HRG Learning Event was also centred around locally-led humanitarian action. Finally, the composition of the AHP Bangladesh Response Evaluation team was predominately local, including both Bangladesh and Rohingya researchers. This was a key criterion for the selection of this evaluation team by the AHPSU.


AHP

Australian Humanitarian Partnership

Contact

 AusHPship

 AusHPship

 Australian Humanitarian Partnership

 AusHPship

 supportunit@ahpsu.com



www.australianhumanitarianpartnership.org