



**Australian Government**  
**Department of Foreign Affairs and Trade**

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# **COVID-19 ACHIEVEMENTS: A SYNTHESIS OF RESULTS FROM DFAT'S GLOBAL AND REGIONAL CIVIL SOCIETY MECHANISMS**

September 2021 : First Six-Month Report

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## ACRONYMS

<b>AHP</b>	Australian Humanitarian Partnership
<b>ANCP</b>	Australian NGO Cooperation Project
<b>ARC</b>	Australian Red Cross
<b>CAN DO</b>	Church Agencies Network – Disaster Operation
<b>CBO</b>	Community-Based Organisation
<b>CVA</b>	Cash and Voucher Assistance
<b>GEDSI</b>	Gender Equality, Disability and Social Inclusion
<b>GBV</b>	Gender-Based Violence
<b>MHMS</b>	Ministry of Health and Medical Services (Solomon Islands)
<b>NGO</b>	Non-Government Organisation
<b>P4R</b>	Partnerships for Recovery – Australia’s COVID-19 Development Response (Australian Government strategy)
<b>PCDF</b>	Partners in Community Development
<b>PCPP</b>	Pacific Church Partnerships Program
<b>PPE</b>	Personal Protective Equipment
<b>PWD</b>	People with Disabilities
<b>PWDSI</b>	People with Disabilities Solomon Islands
<b>RCCE</b>	Risk communication and community engagement
<b>REECALL</b>	Rural Resilience through Economic Empowerment, Climate Adaption, Leadership and Learning (Oxfam Australia)
<b>SPRINT</b>	Sexual and reproductive health in crisis and post-crisis situation
<b>TLMA</b>	The Leprosy Mission Australia
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WITT</b>	Women I TokTok Tugeta

## EXECUTIVE SUMMARY

**COVID-19 poses significant economic, social and health risks to people in developing countries** where access to services is limited and governments lack the resources and capacity to implement an effective response. Specifically, the Pacific region's high dependence on open borders and the free movement of people for tourism, labour mobility and aid assistance means that many countries are facing GDP contractions of between 5 to 20 per cent this year. Diminished economic activity is in turn reducing revenue streams that government budgets depend on (e.g. Fiji's government revenue is estimated to halve in the current budget year from 2018-19 levels and Vanuatu's 2020 tax revenue fell 33% per cent from the January-March quarter to the April-June quarter). Meanwhile, most countries have limited capacity to mobilise an effective health or economic response.

In this context, **Australia's COVID-19 support through civil society partners in the immediate region and beyond has been vital in mitigating concurrent health and economic challenges.** Australia has primarily provided support through global and regional civil society programs, led by the Australian NGO Cooperation Program (ANCP) and the Australian Humanitarian Partnership (AHP). These two civil society mechanisms complement one another by providing humanitarian response and preparedness alongside longer term development programming.

**ANCP and AHP partners, and their in-country civil society partners, have provided support which spans the three pillars of the Australian Government's *Partnerships for Recovery – Australia's COVID-19 Development Response (P4R)* strategy:** health security; stability; and economic recovery. For example, in the five major countries of Papua New Guinea, Timor-Leste, Fiji, Vanuatu and the Solomon Islands, highlights from Australia's support include:

1,148,839 people (55% women and girls) targeted through one-way messaging on COVID-19

95,040 people (50% women and girls) reached with water, sanitation and hygiene (WASH) supplies

92,763 items of personal protective equipment (PPE) equipment distributed

46,799 people (51% women and girls) participated in sessions on prevention, reduction and response to violence, abuse and exploitation of children

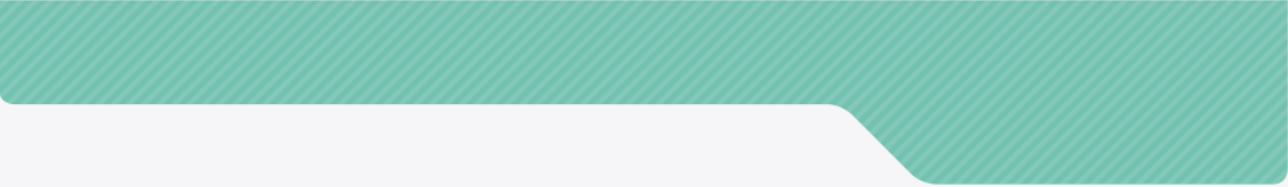
56,975 people (52% women and girls) participated in sessions on gender issues and women's equal rights

11,917 people (62% women) provided with financial services, and

3,919 people (66% women) provided with access to social transfers.

Moreover, through DFAT's partnership with the Australian Red Cross, Red Cross agencies in these five countries also undertook a community engagement program, **reaching an additional 164,544 people** to combat the challenges of stigma and misinformation around COVID-19, while also providing messaging about how to safely protect oneself from the virus.

COVID-19 has been a global phenomenon and Australia has also provided critical support outside the Pacific. The five hard-hit countries of **Laos, Bangladesh, Myanmar, Lebanon and Iraq received support from NGO**



**partners** in areas such as community outreach, livelihoods support and WASH supplies. The ANCP mechanism supported a further 34 countries as well as communities on the Thai-Myanmar border.

The pandemic and its impacts continue to unfold, including through new waves as recently seen in Papua New Guinea. Australia's global and regional civil society programs provide the flexibility to tailor approaches and work in partnership with affected countries in the region and globally. Overall, through DFAT's support to date, **the most significant results have been in risk communication and community engagement**, which reflects the prioritisation of health security and community outreach in the immediate response. Results have been present but slower in economic recovery and livelihoods, but this is expected to improve over time.

The results detailed in this report also **demonstrate the capacity of AHP and ANCP partners, and the Australian Red Cross, to respond quickly and comprehensively, given their linkages with local partners.** Australia's links to civil society have ensured Australia has been able to draw on local insights to inform an evolving response to COVID-19. They have also ensured Australia has been able to deliver on its commitment to maintain and strengthen partnerships with NGOs, faith-based and community groups to drive localisation.

**This synthesis report covers the period of April-December 2020** and is the first of three commissioned reports, which will be prepared on a six-monthly basis (the next report will be available in October 2021, followed by April 2022). The reports will provide a rolling snapshot of the breadth and depth of DFAT's assistance in response to the COVID-19 pandemic in partner countries, primarily through the ANCP and AHP funding mechanisms.

# INTRODUCTION

This report provides a synthesis of results of DFAT-funded regional and global civil society COVID-19 efforts and reporting against common indicators aligned with the *Partnerships for Recovery* strategy. The synthesis project is one of a range of monitoring, evaluation, learning and communications outputs being managed by the Australian Humanitarian Partnership (AHP) Support Unit under DFAT's \$25 million *COVID-19 Pacific and Timor-Leste Preparedness and Recovery Partnership*. Specific funding has been provided to enable monitoring, evaluation and learning of DFAT funded civil society COVID-19 efforts and more effective communication of the achievements of DFAT's support to the Pacific and Timor-Leste.

## CIVIL SOCIETY FUNDING MECHANISMS

Through its various NGO partnership mechanisms, DFAT has rapidly responded to the COVID-19 crisis, particularly in the Pacific and Timor-Leste. These mechanisms include the following regional programs (see Annex 2 for further information):

Australian NGO Cooperation Program (ANCP)

Australian Humanitarian Partnership (AHP)

Australian Red Cross (ARC)

International Planned Parenthood Federation

Water for Women Fund

Sexual and reproductive health in crisis and post-crisis situation (SPRINT)

Pacific Women Shaping Pacific Development

Pacific Church Partnerships Program (PCPP)

In particular, it should be noted that the AHP and ANCP complement one another by providing humanitarian response and preparedness alongside longer term development programming. These programs are in addition to ongoing bilateral and regional funding.

DFAT initially provided a range of support to countries and civil society partners to respond to COVID-19. In June 2020, the \$25m *COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership* was established. This funding was allocated to AHP, the Australian Red Cross, Pacific Women, and the IPPF and SPRINT initiatives, to be implemented over an 18-month period (June 2020 – December 2021) as shown in Table 1 below.<sup>1</sup>

<sup>1</sup> Future six-month reports will take into account additional DFAT funding such as funding in response to the March 2021 COVID crisis in PNG. While this report speaks to the results of the initial funding and the \$25 million, it is likely that the next report will include results from supplementary initiatives as well.

Table 1: Pacific/Timor-Leste Preparedness and Recovery NGO Partnership COVID Funding

Program	Budget Amount	Percentage of \$25m allocation
AHP	\$21,935,000	87%
Australian Red Cross	\$2,495,000	10%
IPPF / SPRINT	\$435,000	2%
Pacific Women	\$135,000	1%
<b>TOTAL</b>	<b>\$25,000,000</b>	<b>100%</b>

## APPROACH

The focus of this report is funding under the *COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership* as well as results from the ANCP pivot – using existing project funding to respond to COVID-19 related needs of communities – and other key regional civil society programs such as Water for Women Fund and the PCPP. The primary focus of the study is the Pacific and Timor-Leste where most DFAT-funded civil society engagement activities are centred. There is brief analysis of activities outside the region, mostly in respect to ANCP. This synthesis report will also inform (and be informed by) a separate evaluation of the *COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership*.

In order to ensure appropriate balance between different countries, the report uses three country groups, as shown in Table 2 below. Group 1 is composed of Pacific countries, specifically the core five countries with projects funded under both ANCP and AHP, including funding under the AHP Disaster READY program. This group also includes the Pacific micro-states which receive funding under ANCP and/or AHP (non-Disaster READY). Group 2 is composed of non-Pacific countries receiving funding from AHP and in most instances ANCP. Group 3 is composed of 34 countries receiving ANCP funding only.

Table 2: Country Groups and constituent countries

Group	Countries
1	Timor-Leste, Papua New Guinea, Vanuatu, Solomon Islands and Fiji Pacific micro-states: Tuvalu, Tonga, Samoa and Kiribati
2	Laos, Bangladesh, Myanmar, Lebanon and Iraq
3	Remaining 34 countries plus Thai-Myanmar border <sup>2</sup>

<sup>2</sup> Burundi, Cambodia, Cameroon, DRC, Eritrea, Ethiopia, India, Indonesia, Jordan, Kenya, Lesotho, Malawi, Malaysia, Mali, Federated States of Micronesia (FSM), Mozambique, Nepal, Nigeria, Pakistan, Palestine, Peru, Philippines, Rwanda, Somalia, South Africa, South Sudan, Sri Lanka, Sudan, Tanzania, Thai-Myanmar Border, Uganda, Vietnam, Zambia, Zimbabwe



## METHODOLOGY

*Partnerships for Recovery: Australia's COVID-19 Development Response* is supported by a three-tiered performance assessment framework. The focus of the analysis is on the outcomes in respect to the three pillars and priority areas: health security; stability; and economic recovery. In order to frame the synthesis (and related data selection) the following broad questions provide an overall inquiry framework:

What changes in health security have resulted from civil society program activities?

How have the pivoted civil society programs supported the objective of stability?

How have civil society program activities supported economic recovery?

### Quantitative data

The research team was provided with data for each of the indicators for ANCP and AHP supported COVID-19 projects. This has been summarised at a country level and aggregated across ANCP and AHP to obtain a single figure per country, or country grouping, for each of the nineteen COVID-19 indicators (refer to Annex 3 for an overview of the respective indicators). The focus has been on projects that pivoted to support COVID-19 response or received specific COVID-19 allocations. There are no other DFAT/Australian Government civil society funding programs that are reporting against the indicators at this stage.

### Qualitative data

The research team reviewed a range of annual reports and other publications prepared by the ANCP, AHP and other programs. Project examples were purposely selected for countries to provide a mix across funding mechanisms and illustrations into one or more of the following themes of interest:

How are civil society programs harmonising humanitarian and development programming for better community impact?

How have program pivots contributed to the strengthening of civil society organisations, including at a national/cross national level?

To what extent are program activities and processes protecting the safety, dignity, and rights of women, those with a disability and other disadvantaged people?

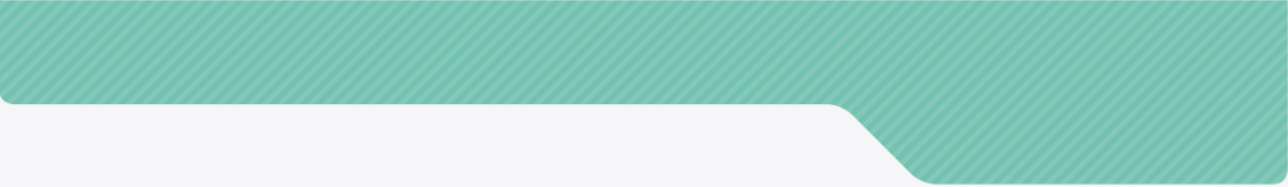
What role have local men and women and local communities played in the design and delivery of program activities and achievement of outcomes?

What lessons can inform adaptation and improvement of the design and management of civil society programs, particularly in a COVID-19 context?

### Limitations

There are a number of limitations to be noted regarding the data presented in this initial report, as outlined below:

**Data sources for indicators:** The data available relates only to projects funded under ANCP or AHP and does not include data from other smaller NGO development programs who received COVID-19 related funding. ANCP and AHP, however, represent the more significant comparative investments. Over time additional programs, such as the Australian Red Cross funding, may commence reporting against the COVID-19 indicators. The data for the ANCP is for the 2019-2020 financial year period, while AHP data is for the calendar year up to 31 December 2020. While we assumed a notional start date of 1 April 2020 for



COVID-19 related investments (including pivot of existing funding), the periods do not align and the figures would be higher if ANCP data for the whole 9 month period (April-December 2020) was available.

**Multi-country projects:** ANCP includes a number of projects that are multi-country projects for which the indicator data is reported at the project level only. There is no accurate way of effectively estimating the results for each country within these projects. They could be highly variable. For this reason, we removed multi-country project data from the calculations for the group one countries.

**COVID-19 project funding:** The focus of the analysis has been projects that have received COVID-19 specific funding or have pivoted existing project funding to respond to COVID-19 related needs of communities. In respect of the latter category only those projects that have reported 'COVID-19 related expenditure' are included in the analysis. Undoubtedly there may be some projects that have involved COVID-19 related expenditure or activities but are not expressly identified in the data available.

## GROUP ONE COUNTRIES

### PAPUA NEW GUINEA

Australia has been very active in supporting PNG respond to the COVID-19 crisis. PNG faces challenges in containing the spread and treating those in need. Only 41 per cent of people have access to basic water supply and handwashing facilities including water and soap are in a limited number of schools. Structural issues in PNG's health care system have been exacerbated by COVID-19. There are not enough doctors, nurses and hospital beds for a population of between 8-10 million. Most facilities are short-staffed. COVID-19 outbreaks not only affect the Government's ability to deliver services but fear and stigma are leading to reduced use of services. Lockdown restrictions and border closures have slowed economic activity, reduced household incomes, disrupted education, and exacerbated poverty and gender inequality. The outbreak is having direct and indirect health, social and economic consequences.

DFAT provided a total of \$8,091,959 to AHP and ANCP partners in Papua New Guinea. Highlights are provided below with a detailed table of results in Annex 1.

#### Highlights – COVID-19 Support in PNG

Civil society activities contributed to significant results in P4R Pillar One (Health Security) and Pillar Two (Stability). Key results include:

- 780,471 people (49% women and girls) targeted through one-way messaging on COVID-19
- 65,339 items of personal protective equipment (PPE) distributed
- 122 public buildings provided with handwashing facilities
- 13,227 (52% women and girls) reached with WASH supplies
- 11,655 people (54% women and girls) participated in sessions on gender issues and women's equality

#### P4R Pillar One: Health Security

AHP and ANCP partners' response in PNG has focussed heavily on health security, particularly extensive risk communication and awareness messaging. Partners have achieved considerable reach, including through diverse media platforms. 780,471 people (49% women and girls) have been reached through one-way messaging on COVID-19 prevention and access to services, while 84,996 people (47% women and girls) participated in interactive events related to COVID-19 public health measures and prevention. Specific activities include:

World Vision Australia in close collaboration and consultation with the National Department of Health and the World Health Organisation have been able to correct and contextualise COVID-19 messaging and address various misconceptions that arose due to fear of the virus

CAN DO conducted 64 awareness campaigns in schools and rolled-out awareness campaigns to communities and churches containing theological or faith-based messaging on stigma, discrimination and inclusion

Australian Doctors International, which specialises in rural and remote health system strengthening in PNG, distributed over 3,600 WHO COVID-19 prevention posters in Tok Pisin.

**AHP partners have also leveraged existing relationships for awareness raising and response work.**

CARE Australia has partnered and signed a MoU with the Eastern Highlands Provincial Health Authority and installed about 10 hand washing stations. Save the Children Australia has undertaken a similar approach, developing partnerships with relevant stakeholders in Western Province. World Vision Australia, Oxfam Australia and CAN DO have partnered with local radio broadcasting stations to inform people of COVID-19 preventative measures.

In addition, **Papua New Guinea Red Cross has been conducting RCCE activities via community outreach across 12 provinces of PNG.** Outreach activities have been designed in partnership with the Ministry of Health and World Health Organisation and have been rolled out alongside a government broadcast and social media campaign. To date, over 67,000 people have been reached through these efforts<sup>3</sup>. Due to geographical limitations and COVID-19 internal travel restrictions, access has been a challenge especially in relation to small island communities. As a preparedness measure, Papua New Guinea Red Cross also donated stocks of PPE to the Ministry of Health and offered the National Disaster Management Team their volunteer workforce in the event of a spike in cases.

**Health security efforts have also been highly inclusive.** For example, WaterAid supported local rights groups in PNG to identify joint advocacy priorities through a series of consultations. Engagement with DiVA for Equality (Fiji) and the Pacific Disability Forum to develop advocacy activities has led to a range of new ideas on how to address gender equality, disability rights, WASH and COVID-19 issues together. New WASH information materials which can be used by government, communities and other NGOs have been developed including information on menstrual hygiene and health in a pandemic.

Partners' work in inclusive RCCE and WASH has been complemented by efforts to **increase response capacity and to ensure appropriate personal protective equipment (PPE) is available.** For example:

World Vision engaged provincial health department staff to train 73 volunteers (36 males and 37 females) in four provinces. The training improved volunteers' understanding of COVID-19 transmission, prevention, symptoms and referral pathways

Australian Doctors International delivered 60,000 pieces of PPE, and delivered webinars to 165 local health workers to prepare hospitals and health facilities for COVID-19.

## VANUATU

Vanuatu responded early to COVID-19 and has not recorded any cases. However, a halt in tourism revenues, reduced remittances and rising unemployment have weakened Vanuatu's growth and undermined development gains. Further, Tropical Cyclone Harold struck Vanuatu in April 2020. This compounded the impacts of COVID-19, with approximately 43 per cent of the population affected and widespread damage to homes, schools, medical facilities and crops, seriously impeding access to essential services and

<sup>3</sup> As previously noted, the Australian Red Cross and its local partners are not reporting against the joint AHP/ANCP indicators. As a result, Australian Red Cross and its partners' results are not included in the figures reported in the 'Highlights' box.

compromising food security for many ni-Vanuatu. The economic cost of COVID-19 and TC Harold (estimated at \$850 million) places significant pressure on Vanuatu's fiscal balance. COVID-19 has also highlighted key gaps in Vanuatu's health security: an outbreak would easily overwhelm the health system. Isolation facilities are limited, contact tracing capability is low, clinical management capacity is limited and in-country testing is dependent on global supply chains.

AHP and ANCP partners received a total of \$7,375,649 from DFAT, including AHP funding for Tropical Cyclone Harold. Key achievements are outlined below with a detailed table of results in Annex 1.

### Highlights – COVID-19 Support in Vanuatu

Civil society activities contributed to significant results in P4R Pillar One (Health Security), P4R Pillar Two (Stability) and P4R Pillar Three (Economic Recovery). Key results include:

- 156,791 people (87% women and girls) targeted through one-way messaging on COVID-19
- 3,326 people (50% women and girls) with household access to improved drinking water sources
- 18,901 people (50% women and girls) participated in sessions on child protection
- 2,954 people (55% women) accessed social transfers

## P4R Pillar One: Health Security

**A major focus of work for AHP and ANCP partners was risk communication.** Significant results were achieved, with partners reaching 156,791 people (87% women and girls) with one-way messaging on COVID-19 prevention and access to services, and 20,133 people (63% women and girls) through interactive events.

Importantly, **NGOs worked with government and civil society actors** on risk communication and the uptake of hygienic practices. CARE Australia, for example, worked with the Ministry of Health to develop a COVID-19 Household Booklet which includes gender, protection and financial management messaging. Through local partners the CAN DO network strengthened outreach and uptake of risk communication materials by aligning information on the origin and nature of COVID-19 with Christian beliefs and theological messaging.

In addition, **Vanuatu Red Cross volunteers reached around 69,000 people with RCCE activities** in communities across the country.<sup>4</sup> Moreover, the Vanuatu Ministry of Health designated Vanuatu Red Cross as the lead for community-based communications across the country, complementing the government's national broadcast media campaign.

Work under the health security pillar also **included consideration of the needs of people with disabilities.** CARE Australia is partnering with the Vanuatu Society for People with Disability who have completed a mapping exercise of all households with people with a disability in South Pentecost. An assessment of their priority needs related to WASH has also been completed. A total of 121 households have been identified with WASH needs and CARE Australia is in the process of procuring water filters, water containers and materials to construct Tippy Taps in these communities.

<sup>4</sup> As previously noted, the Australian Red Cross and its local partners are not reporting against the joint AHP/ANCP indicators. As a result, Australian Red Cross and its partners' results are not included in the figures reported in the 'Highlights' box.

## P4R Pillar Two: Stability

Under the stability pillar, AHP and ANCP partners have **sought to assist women and children at risk of violence**. 18,901 people (50% women and girls) participated in sessions on child protection, and 10,040 people (51% women and girls) participated in session on gender issues and women's rights. An example of a partner's contribution to stability comes from World Vision Australia. Using existing partnerships with local community and faith leaders, World Vision Australia developed and distributed materials on safety planning for women and children at risk of violence, specific to COVID-19 and restrictions on movements. During April and May, 219 information packs were distributed in Santo and Port Vila, with information adapted to address limited access to services due to movement restrictions.

**Improved governance through the increased involvement of women was also supported.** ActionAid is working in partnership with Women I TokTok Tugeta (WITTT) to support women's leadership in preparing for and responding to disasters and climate change. WITTT is a locally led women's collective started after Tropical Cyclone Pam and has now grown to a network of over 4000 women leaders who are actively engaging in decision-making in their communities and who were highly effective in responding to COVID-19 and Tropical Cyclone Harold. In March 2020, women leaders from the WITTT network, supported by ActionAid, attended a World Health Organisation and Vanuatu Ministry of Health training on managing the local COVID-19 response in Vanuatu. The women quickly mobilised and within a day of receiving training, they gathered their communities to convey coronavirus health messages through a creative and engaging role-play of their own design. They demonstrated effective handwashing techniques, cough and sneeze etiquette and, resourcefully, used their one-metre arm span to show social distancing.

## P4R Pillar Three: Economic Recovery

**AHP and ANCP partners in Vanuatu have also contributed to economic recovery**, albeit at a smaller scale than the health security and stability pillars. 3,209 people (54% women) were provided with financial services. In addition, 2,954 people (55% women and girls) have had access to social transfers. For example, vulnerable households have benefitted from Oxfam Australia's Cash and Voucher Assistance (CVA) Program across Shefa, Sanma and Tafea provinces in Vanuatu. Households can redeem their vouchers at community stores, fresh food market vendors, grocery stores, hardware stores, transportation providers (including boat drivers), pharmacies, clothing stores, butcheries, agricultural suppliers, fishermen, and energy providers. Of vulnerable households that received vouchers, 99% have used their e-voucher at least once. This has improved access to basic needs and food security for vulnerable households.

**These cash transfers have had broader flow-on effects.** 296 vendors are enrolled in the CVA Program, 84% of whom are engaged in informal work. Household cash transfers have provided revenue to local markets, with 76% of vendors contacted reporting an increase in income.

## TIMOR-LESTE

Australia is Timor-Leste's largest development and security partner, and has been the primary development partner since Timor-Leste's independence in 2002. As a result of quick and effective response and strong cooperation between government agencies and development partners, Timor-Leste successfully managed a first cluster of COVID-19 infections.

Most of Timor-Leste's population lives in rural areas. COVID-19 is threatening to undermine development progress and exacerbate existing vulnerabilities. Reductions in income are constraining households' ability to meet basic needs and access sufficient nutritious food; school closures have weakened children's learning

outcomes; and lockdowns have increased the risk of violence against women and children. Restrictions on domestic and international movement are disrupting agricultural markets, business activity, and employment prospects, especially for women, in an already fragile economy. People with disabilities are experiencing increased difficulties in accessing food, essential services, and work opportunities.

DFAT has provided a total of \$6,454,647 for AHP and ANCP COVID-19 activities in Timor-Leste. Highlights are below with a detailed table of results in Annex 1.

### Highlights – COVID-19 Support in Timor-Leste

Civil society projects contributed to results across all three pillars. Key results include:

- 109,789 people (50% women and girls) targeted through one-way messaging on COVID-19
- 172 public buildings with hand washing facilities
- 14,826 items of PPE distributed
- 50,974 people (50% women and girls) reached with WASH supplies
- 32,721 people (51% women and girls) participated in sessions on gender issues and women’s equality
- 12,486 people (54% women) adopted improved agricultural and fisheries practices

## P4R Pillar One: Health Security

**Significant risk communication and community engagement was undertaken by AHP and ANCP partners.**

109,789 people were reached (50% women and girls) by one-way messaging, including through posters distributed by World Vision Australia, CARE Australia, CAN DO (Caritas), Plan and Oxfam Australia, in places including schools, health posts, marketplaces, churches and police stations. 35,746 people (51% women and girls) also participated in interactive sessions on COVID-19. Adoption of recommended practices relating to handwashing and mask wearing have been observed in marketplaces and schools.

In addition, **Timor-Leste Red Cross conducted health and hygiene awareness programming** in schools and kindergartens across the country. It also worked to install handwashing facilities across several municipalities including in education centres and public spaces. Timor-Leste Red Cross has conducted RCCE activities across the country, with a particular focus on high-risk communities near the Indonesian border. Training based on the Movement’s ‘Epidemic Control for Volunteers’ and ‘Community-Based Surveillance’ modules was delivered by Timor-Leste Red Cross headquarters staff to local authorities and branch volunteers to ensure they had skills and knowledge to coordinate response efforts in the event of a spike in cases<sup>5</sup>.

**NGO partners have also implemented significant water, sanitation and hygiene (WASH) activities.** For example, WaterAid Australia’s sustainable WASH in healthcare facilities and communities project contributes to the development, testing and application of national standards for WASH in healthcare facilities in Timor-Leste, along with improvements to sustainable and inclusive WASH in select communities. The Liquiçá and Manufahi District Wide WASH in Healthcare Facilities assessment, which included COVID-19 assessment, was completed. It identified WASH related challenges to achieving infection prevention control and quality

<sup>5</sup> As previously noted, the Australian Red Cross and its local partners are not reporting against the joint AHP/ANCP indicators. As a result, Australian Red Cross and its partners’ results are not included in the figures reported in the ‘Highlights’ box.

of care in healthcare facilities. Learnings and progress were shared at municipal WASH and health meetings, building understanding and motivation across sector actors and providing foundations for action on the assessment findings.

**The needs of people with disabilities have also been considered in RCCE and WASH activities.** The Leprosy Mission Australia (TLMA) is ensuring people with disability have appropriate handwashing facilities in their homes and educating people about preventing transmission of COVID-19. The Association of Disability in Timor-Leste successfully lobbied the COVID Media Centre in Timor-Leste to have a sign language interpreter for TV campaigns, with TLMA's local partner organisation for the hearing impaired provided an interpreter.

## P4R Pillar Two: Stability

**AHP and ANCP partners have conducted significant work focussed on reducing risks to women and children during COVID-19.** In particular, 32,721 people (51% women and girls) participated in sessions on gender issues and women's rights, while 16,932 people (53% women and girls) participated in sessions on child protection,

**NGOs have worked to improve governance in Timor-Leste, contributing to improved stability.** Oxfam Australia's *Open the Books: Promoting Good Governance and Social Accountability* project in Timor-Leste is monitoring transparency and accountability of information and actions undertaken by the government in relation to COVID-19, including accessibility of information. The COVID-19 Taskforce in Timor-Leste is made up of civil society actors and Oxfam Australia is supporting a project partner, Core Group Transparency, to develop Taskforce statements on the effect of COVID-19 and the State of Emergency on small businesses, small scale farmers and vulnerable groups.

## P4R Pillar Three: Economic Recovery

In the area of economic recovery, **AHP and ANCP partners in Timor-Leste have achieved some of the strongest results when compared to other countries.** For example, 12,486 people (54% women) adopted improved agricultural and fisheries practices and 29,247 people (53% women and girls) had improved access to sufficient food. An as example activity, food package distributions by partners occurred at a time when targeted households were most in need. Vulnerable households received food packages during the months of November and December 2020, which allowed them to cope with food shortages due to the COVID-19 State of Emergency restrictions and drought, while waiting for government support of food basket distributions.

## FIJI

As Fiji's largest bilateral donor, Australia continues to support Fiji's national development priorities. Like most Pacific countries, Fiji's health system is vulnerable to a COVID-19 outbreak. Existing health challenges, particularly non-communicable diseases, could result in complex cases due to comorbidities. Disruptions to regular health and disability service delivery also pose risks, exacerbating vulnerabilities of the poor, women and girls, and people with disabilities.

The impact of global lockdown on the Fijian economy has been severe, affecting an economy heavily dependent on tourism, exports and remittances. Fiji's economy is forecast to contract by 21.7 per cent in 2020 largely as a result of the sharp decline in tourism. A third of the workforce (a third of which are women) are newly unemployed or on reduced hours. Remittances have also declined.



DFAT provided AHP and ANCP partners with a total of \$4,313,442. This includes AHP funding provided for Tropical Cyclone Harold. A detailed table of results is captured in Annex 1, with highlights reflected below.

### Highlights – COVID-19 Support in Fiji

Civil society projects contributed to results across all pillars, with particular focus on health security and economic recovery. Key results include:

- 62,099 people (63% women and girls) targeted through one-way messaging on COVID-19
- 12,192 items of PPE distributed
- 3,839 people (89% women) reached with livelihoods support interventions

### P4R Pillar One: Health Security

Similarly to other countries, **AHP and ANCP partners focused on risk communication and community engagement**. 62,099 people (63% women and girls) were targeted through one-way messaging on COVID-19 prevention and access to services, and 12,192 items of personal protective equipment were distributed.

Notable activities include:

Save the Children and Partners in Community Development (PCDF) provided community-based training  
CAN DO collaborated with the Ministry of Health and churches to ensure risk communication messages were provided in different languages and across different platforms such as social media, TV and radio

Family Planning NSW tested over 20,000 people for COVID-19 and distributed over 100 posters to health facilities and communities.

In addition, **the Fiji Red Cross response focused on COVID-19 health and hygiene messaging**. Staff and 244 volunteers continue to be trained in basic COVID-19 information for community messaging. Hand washing and behavioural change videos were developed and translated into the four main languages. These videos have been shared on social and broadcast media channels and with city councils for their ongoing use across all areas of council programs. Fiji Red Cross also supported the Fijian Ministry of Health by providing tents for use as mobile screening clinics around the country. Outreach has been conducted across 225 villages including COVID-19 awareness raising activities, vulnerability mapping and messaging to combat social stigma.<sup>6</sup>

There is also evidence of **partner capability and on-going sub-national stakeholder collaborations contributing to adaptation and effective program delivery in the WASH area**. For example, working in collaboration with the Valelevu Health Centre and the Ministry of Health and Medical Services, Habitat for Humanity Fiji modified its existing shelter plans in the Health Centre to address WASH priorities. Six wall mounted ceramic wash basins were installed with appropriate accessories to ensure proper access to hand washing.

Importantly, **NGO partners worked to ensure mental health services were available, and other health services continued to be provided**. Empower Pacific, working in collaboration with the Ministry of Health, the Ministry of Defence and the quarantine facilities providers, has provided tele-counselling services for

<sup>6</sup> As previously noted, the Australian Red Cross and its local partners are not reporting against the joint AHP/ANCP indicators. As a result, Australian Red Cross and its partners' results are not included in the figures reported in the 'Highlights' box.

quarantine guests in hotel sites, and COVID-19 confirmed patients at medical facilities. The tele-counselling provides a platform where quarantined individuals and COVID-19 clients can express their concerns in-confidence and receive counselling support. Family Planning NSW's local partner, Reproductive and Family Health Association of Fiji, created a condom challenge using TikTok to promote access to sexual and reproductive health services during COVID-19, and reported a significant and positive increase in adolescents accessing services during April 2020.

## SOLOMON ISLANDS

Australia is Solomon Island's largest bilateral donor. Australia's partnership with the Solomon Islands is aligned with the Solomon Island's National Development Strategy. While the Solomon Islands has no evidence of community transmission of COVID-19, it remains vulnerable given critical gaps in health security, including its under-resourced primary health system. Solomon Islands was facing economic and fiscal hardships prior to COVID-19 as one of the world's highest per capita recipients of aid. The global lockdown has impacted on the Solomon Islands' economy, affecting natural resource exports and remittances.

The Australian Government provided a total of \$4,242,798 through ANCP and AHP to support the Solomon Islands' COVID-19 response. A detailed table of results is captured in Annex 1, with highlights reflected below.

### Highlights – COVID-19 Support in the Solomon Islands

Civil society activities contributed to significant results across P4R Pillar One (Health Security), P4R Pillar Two (Stability) and P4R Pillar Three (Economic Recovery). Key results include:

- 39,689 people (50% women and girls) targeted through one-way messaging on COVID-19
- 30,743 people (49% women and girls) reached with WASH supplies
- 2,874 people (53% women and girls) reached with livelihoods support interventions

### P4R Pillar One: Health Security

To support health security, AHP and ANCP partners in the Solomon Islands prioritised risk communication and community engagement (RCCE) activities. **Overall, AHP and ANCP partners achieved significant reach in RCCE, providing a total of 39,689 people (50% women and girls) with one-way messaging on COVID-19.** 6,708 people (53% women and girls) also participated in interactive events or sessions related to COVID-19 public health measures.

**A particular focus was on the development and dissemination of standard COVID-19 risk communication materials produced by the Ministry of Health and Medical Services (MHMS).** Save the Children was part of the Risk Communication Committee under the MHMS, which oversees design and development of risk communication materials. Trained staff carried out awareness in communities on COVID-19 prevention and distributed MHMS materials. CAN DO (the Church Agencies Network – Disaster Operation) partners worked

directly with MHMS teams undertaking COVID-19 health awareness and prevention messaging across Malaita province.<sup>7</sup>

Moreover, through DFAT's partnership with the Australian Red Cross, **Solomon Islands Red Cross partnered with the MHMS to undertake a community engagement program**, reaching 28,544<sup>8</sup> people to combat the challenges of stigma and misinformation around COVID-19. They also provided messaging about how to safely protect oneself from the virus. As part of the program, Solomon Islands Red Cross volunteers undertook government-facilitated infection prevention and control training, while also participating in psychological first aid training in Gizo, Western Province. The Solomon Islands Red Cross has also been active in assisting the Solomon Islands Government during the COVID-19 pandemic in repatriating students from countries that have been significantly affected by outbreaks.

**Partners also undertook significant work to ensure the health of people with disabilities was supported.** For example, Live & Learn organised an event with People with Disabilities Solomon Islands (PWDSI) where people with disabilities in Honiara received soap and hand washing containers. Further, Oxfam Australia and PWDSI (in cooperation with local disabled people organisations) identified people with disabilities in the high risk and highly populated zones of Eastern and Western communities in Honiara. PWDSI then conducted targeted door to door COVID-19 risk communication visits considering social distancing rules. An estimated 344 people with disabilities (177 adults, and 157 children, 50% female) were reached through this.

## P4R Pillar Two: Stability

ANCP and AHP partners in the Solomon Islands supported stability by improving local governance, providing protection materials, and supporting school enrolments.

To support local governance, **World Vision Australia supported community management committees known as 'COVID-19 Response Committees'**. These committees were formed by community members after initial consultations and awareness sessions were conducted by the World Vision Australia project team. The 20 committees that have been formed consist of both men and women, youth and elderly. Monitoring data shows that women committee members are beginning to influence decisions such as the location of demonstration garden sites.

In the area of protection, **Anglican Overseas Aid's local partner, Anglican Church of Melanesia, translated and distributed a government approved COVID-19 health brochure focused on messaging around protection, disability and gender-based violence.** This brochure had previously only been produced in English. Training of trainers on COVID-19 messaging also includes a community complaints mechanism and awareness messaging on community expectations of NGO and church workers. Further, AHP and ANCP partners were able to reach a total of 482 people (59% women and girls) through sessions on preventing and responding to violence, abuse and exploitation of children.

To support school enrolments, **Save the Children's Play to Be School Ready project worked with 26 communities in the Solomon Islands to provide children with play-based early childhood development programs.** The program supported educators and caregivers to better prepare for the education needs of children during the COVID-19 pandemic. Save the Children supported the Ministry of Education and Human Resources Development with technical inputs and resources to develop Learning Continuity packages for early learners as part of the Solomon Islands Government's strategy to respond to COVID-19. In four provinces, COVID-19 Risk Management Plans were developed and implemented in 26 centres with 789

<sup>7</sup> <https://www.churchagenciesnetwork.org.au/index.php/can-do-consortium/>

<sup>8</sup> Note that the Australian Red Cross and its local partners are not reporting against the joint AHP/ANCP indicators. As a result, Australian Red Cross and its partner results are not included in the figures reported in the 'Highlights' box.

children (including 15 children with disabilities) to ensure safe and hygienic learning environments. Save the Children also ran sessions for 904 caregivers (436 males and 468 females) about learning continuity in homes, with household visits also conducted by early childhood development facilitators to support parents with the home learning packages.

## P4R Pillar Three: Economic Recovery

**AHP and ANCP partners have contributed to improved livelihoods across the Solomon Islands.** Partners reached 2,874 people (53% women) with livelihoods support interventions. This number is expected to increase in future reporting, as partners' focus moves away from immediate response activities to longer-term recovery work.

As part of their livelihoods work, **AHP partners are contributing to strengthening private and public sector partnerships.** AHP partners, for example, have engaged with government actors such as the Ministry of Agriculture and Livestock, and Ministry of Fisheries and Marine Resources, linking them to provincial livelihoods committees, provincial rural trainings centres, private sector actors and NGOs working on food security and income generation activity.

Linking people to markets will also be key to economic recovery. **World Vision Australia's Solomon Islands Market Linkages Project Phase II has continued to promote resilient and inclusive livelihoods for 782 families in Makira, Malaita and Guadalcanal.** The program provided training on financial literacy and the Savings for Transformation model for groups in eight communities, and established groups in two new locations. Five communities in Marau/Weathercoast selected fish as the priority product and work has commenced on five fish storage facilities in Marau to service producers. Two communities in South Malaita selected honey as their focus commodity and producer group members have been provided with materials to start working on hive construction.

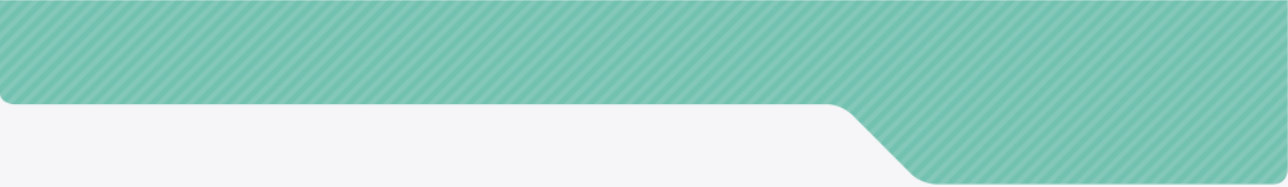
## MICRO PACIFIC STATES

AHP supported nine COVID-19 projects in Samoa, Tonga, Tuvalu and Kiribati with a combined value of \$2.635m. A detailed table of results is captured in Annex 1, with highlights outlined below.

### Highlights – COVID-19 Support in Micro Pacific States

The main result areas were in the P4R Pillar 1 (Health Security) and P4R Pillar 3 (Economic Recovery). Key results include:

- 66,192 people (49% women and girls) targeted through one-way messaging on COVID-19
- 20,061 people (51% women and girls) participated in events on COVID-19 public health measures and prevention
- 2,581 people – including 218 (8%) people with disabilities – received mental health and psychosocial support
- 15,258 people (49% women) adopted improved agriculture and fisheries practices
- 15,784 people (49% women) reached with livelihoods support



DFAT support through the Australian Red Cross to national Red Cross agencies was also available. For example, Tonga Red Cross has focussed its COVID-19 response on RCCE activities via community outreach and social media, and through a focus on preparedness, ensuring they have PPE and trained volunteers on hand in the event Tonga has any confirmed cases.<sup>9</sup>

ANCP projects in the four Pacific micro-states of Samoa, Tonga, Tuvalu and Kiribati were all part of multi-country investments. There were a total of five active ANCP regional projects: one in Samoa; two in Tonga; two in Tuvalu; and none in Kiribati. Partners include the Diplomacy Training Program, present in all countries (excluding Kiribati), CARE Australia in Tonga, and Oxfam Australia in Tuvalu. As it is not feasible to accurately extract results per country, data for these multi-country projects is not included in this report.

<sup>9</sup> As previously noted, the Australian Red Cross and its local partners are not reporting against the joint AHP/ANCP indicators. As a result, Australian Red Cross and its partners' results are not included in the figures reported in the 'Highlights' box.

## GROUP TWO COUNTRIES

Group 2 is composed of non-Pacific countries receiving funding from AHP and in most instances ANCP. It covers five countries: Bangladesh, Laos, Myanmar, Lebanon and Iraq. DFAT's total investments across these countries through AHP and ANCP is \$33,335,490. A detailed table of results is captured in Annex 1, with highlights reflected below.

### Highlights – COVID-19 Support in Bangladesh, Laos, Myanmar, Lebanon and Iraq

Partner projects contributed to results across all three P4R Pillars, with a different emphasis in each respective country. Key aggregate results include:

- 349,716 people (57% women and girls) targeted through one-way messaging on COVID-19 prevention and access to services
- 488,572 people (78% women and girls) participated in interactive events related to COVID-19 public health measures and prevention
- 101,705 items of PPE distributed
- 3325 people (59% women, and 32% people with disabilities) accessing social transfers

### P4R Pillar One: Health Security

ANCP and AHP partner activities have covered a range of health security activities. Similar to Group 1 countries, **there has been a significant focus on risk communication and community engagement**. 488,572 people (78% women and girls) participated in interactive events related to COVID-19 public health measures and prevention, and 349,716 people (57% women and girls) were targeted through one-way COVID-19 messaging. For example, in Iraq CARE Australia reached people via SMS, integrating COVID-19 and sexual, reproductive and maternal health messaging. Save the Children reached people through social media messaging and also worked with the local government in Hawija to install eight large community billboards.

**AHP and ANCP partners also provided capacity building and material support to local partners.** In total across the five countries, 101,705 items of personal protective equipment were distributed. As an example activity, Plan Laos provided basic personal protective equipment supplies and disinfection materials. Plan Laos also delivered training to frontline public health service workers and health officials, covering health facilities and communities in five districts. The training was aimed at raising awareness and building the capacity of health staff on recognition of symptoms, case inspection, sample collection, case management of patients, demonstration of proper PPE use, and disinfection and prevention.

**Improving WASH was also a key element of partner activities.** Across the five countries, a total of 91,389 people (55% women and girls) had household access to improved sanitation facilities, and 76,165 people (46% women and girls) had household access to improved drinking water. Notable WASH activities include:

CARE Australia identified garment factories in Laos for distribution of health and dignity kits that include soap, sanitary pads, small buckets etc. In May, 1,810 kits that include short health messages and gender-based violence/protection messages were distributed to the most vulnerable factory workers

In Iraq, Save the Children rehabilitated WASH facilities across Sinjar and Hawija, including schools, boreholes, water networks, and water treatment plants

Plan Laos conducted 'Community Led Total Sanitation Plus' activities (joint WASH and nutrition activities) in 10 communities in Saravan and Oudomxay. A further 36 communities received support through community led total sanitation sessions to access, maintain and use basic sanitation.

**Red Cross and Red Crescent partners were also active in supporting health security.** Bangladesh Red Crescent, for example, adapted their Holy Red Crescent Hospital in Dhaka, adding a dedicated COVID-19 treatment ward which has treated 1,120 COVID-19 patients over the reporting period. They have also reached around 30,000 women through their 56 Maternal and Child Health Centres across the country, which have been adapted to ensure safe access to essential health services and to support promotion of COVID-19 prevention actions. Myanmar Red Cross provided psychosocial support to people through the 306 community-based quarantine centres across the country, as well as in a number of internal displacement camps. They are supporting the Ministry of Health with screening at borders and checkpoints, disinfecting public areas, undertaking community-based surveillance, and monitoring and delivering food to people in home-based quarantine.<sup>10</sup>

## P4R Pillar Two: Stability

To support stability, **AHP and ANCP partners focussed on protecting vulnerable women and children.** In total, 38,343 people (65% women and girls) participated in sessions on the prevention and response to violence and abuse of children. 69,735 people (69% women and girls) participated in sessions on gender and women's rights.

**An example of an activity supporting stability comes from Lebanon.** APHEDA's early education & women's empowerment (for Palestinian and Syrian refugees in Lebanon) project supports vulnerable refugee camp communities in Beirut through the continuing development of early childhood education, promotion of social, health, and educational development for children with disabilities and empowerment of women through education. During the pandemic, project staff played an important role to provide correct information about COVID-19, countering rumours and misinformation circulating in the refugee camps. This was critical given the high prevalence rate in Lebanon: at December 2020, there were 145,245 confirmed cases and 1,190 deaths. This includes 390 COVID-19 cases in Bourj al Barajneh camp.

**A further example comes from Bangladesh.** Through Oxfam Australia's program Bangladesh Rural Resilience through Economic Empowerment, Climate Adaption, Leadership and Learning (REECALL), 86 community-based organisations (CBOs) took part in campaigns against gender-based violence and 13 child marriages were reportedly prevented.

<sup>10</sup> As previously noted, the Australian Red Cross and its local partners are not reporting against the joint AHP/ANCP indicators. As a result, Australian Red Cross and its partners' results are not included in the figures reported in the 'Highlights' box.

## P4R Pillar Three: Economic Recovery

To support economic recovery, **AHP and ANCP partners across the five countries provided 18,661 people (69% women) with financial services. 3,325 people (59% women and girls) accessed social transfers.** Key activities included:

In Bangladesh, CBM Australia through local partner the Centre for Disability in Development, conducted a rapid situation and needs assessment on people with disabilities. The assessment identified 200 people who received cash transfers in May, supported transport for 80 people to health clinics, and connected 156 people to additional government support

World Vision Australia's Myanmar Value Chain Development and Financial Inclusion for Inclusive Growth project used alternative implementation methods to comply with COVID-19 guidelines. Digital communication (phone, social media) was used for training and support of farming communities, and to support community volunteers and agricultural extension workers to continue during the pandemic.



## GROUP THREE COUNTRIES

Group 3 are those countries which pivoted existing projects to COVID-19 under the ANCP. It comprises 34 countries and the Thailand-Myanmar border. The ANCP pivot ensured support to address all three priority areas under the Partnerships for Recovery strategy. The total COVID-19 related funding from the ANCP throughout the 2019-2020 period was \$5,537,092, which was applied across a total of 194 projects. As shown in Table 3, most of this expenditure was within the geographical regions of South East Asia (40%), Africa (36%) and South Asia (22.5%).

Table 3: Group Three Country COVID-19 Expenditure by Region

Region	No. of countries*	No. of projects	COVID related expenditure	Percentage of group COVID related expenditure
Southeast Asia	6	81	\$2,222,459	40%
Africa	21	66	\$1,999,636	36%
South Asia	4	43	\$1,248,441	22.5%
Middle East	2	2	\$36,555	0.7%
South America	1	1	\$30,000	0.5%
<b>Total</b>	<b>35</b>	<b>194</b>	<b>\$5,537,092</b>	<b>100%</b>

\* Includes Thai-Myanmar border

Of the recipient countries, Indonesia received \$1,056,371 of COVID-19 related funding through the ANCP, which is double that received by any other nation within this group of countries, and 47.5% of the total ANCP funding received for Southeast Asian nations in this group. A breakdown of the top 10 country recipients of COVID-19 funding is shown in Table 4 below.

Table 4: Top 10 Country Recipients of ANCP Funding for COVID-19 Response

Country	No. of projects	2019/20 COVID-19 related expenditure
Indonesia	23	\$1,056,371
Cambodia	27	\$525,439
Philippines	14	\$383,414
Sri Lanka	5	\$378,173
India	17	\$372,526
Uganda	7	\$324,299
The Democratic Republic of the Congo	4	\$309,987
Nepal	15	\$283,542
Kenya	7	\$214,315
Pakistan	6	\$214,199

## CONCLUSION

**Australia's regional and global civil society mechanisms have achieved impressive results in response to COVID-19.** Under AHP and ANCP, new activities were quickly implemented and existing activities were pivoted to respond to COVID-19. These activities have supported partner countries and contributed to each of the pillars of DFAT's Partnerships for Recovery strategy.

The results outlined in this document highlight three key aspects of the work of AHP and ANCP partners. First, **it is inclusive of women and girls, and people with disabilities.** As shown in the quantitative indicators, many of the activities benefited both men and women, while a modest proportion of beneficiaries were people with disabilities.

Second, **the most significant results from AHP and ANCP to end-2020 were in risk communication and community engagement.** This likely reflects the prioritisation of health security and community outreach in the immediate response period. An increased number of activities and beneficiaries under Pillar 3 is expected in future synthesis reports as partners' focus shifts towards economic recovery.

Finally, the results detailed in this report **demonstrate the capacity of AHP and ANCP partners, and the Australian Red Cross, to respond quickly and comprehensively, given their linkages with local partners.** Australia's links to civil society have ensured Australia has been able to draw on local insights to inform an evolving response to COVID-19. They have also ensured Australia has been able to deliver on its commitment to maintain and strengthen partnerships with NGOs, faith-based and community groups to drive localisation.

## ANNEX 1: COVID-19 RESULTS IN PACIFIC COUNTRIES

### COVID-19 RESULTS IN PNG

Number	Indicator	Actual Direct	All Women and Girls (%)	All PWD (%)
<b>Health (P4R Pillar 1)</b>				
H.08	Number of people targeted through one-way messaging on COVID-19 prevention and access to services (joint ANCP-AHP COVID Indicator)	780,471	380,738 (49%)	7258 (9%)
H.09	Number of people participating in interactive events or sessions related to COVID-19 public health measures and prevention (joint ANCP-AHP COVID Indicator)	84,996	39,635 (47%)	2282 (3%)
H.10	Number of items of personal protective equipment (PPE) distributed (joint ANCP-AHP COVID Indicator)	65,339		
<b>Water, Sanitation and Hygiene (P4R Pillar 1)</b>				
W.01	Number of people with household access to improved drinking water sources (joint ANCP-AHP COVID Indicator)	1,001	495 (49%)	0
W.02	Number of people with household access to improved sanitation facilities (joint ANCP-AHP COVID Indicator)	532	215 (40%)	0
W.03	Number of people with household access to handwashing facilities (joint ANCP-AHP COVID Indicator)	900	383 (43%)	0

Number	Indicator	Actual Direct	All Women and Girls (%)	All PWD (%)
		<b>Actual</b>	<b>Schools</b>	<b>Health Care Facilities</b>
W.04	Number of public buildings with improved drinking water sources (joint ANCP-AHP COVID Indicator)	19	6	2
W.05	Number of public buildings with hand washing facilities (joint ANCP-AHP COVID Indicator)	122	64	36
		<b>Actual Direct</b>	<b>All Women &amp; Girls</b>	<b>All PWD</b>
W.06	Number of people reached with WASH supplies (including hygiene items) (joint ANCP-AHP COVID Indicator)	13,227	6,826 (52%)	7 (0.05%)
<b>Child Protection (P4R Pillar Two)</b>				
CP.01	Number of people who participated in sessions on prevention, reduction and response to violence, abuse and exploitation of children (joint ANCP-AHP COVID Indicator)	9,984	4,957 (50%)	88 (9%)
<b>Gender Equality and Social Inclusion (P4R Pillar Two)</b>				
G.02	Number of people who participated in sessions on gender issues and women's equal rights (joint ANCP-AHP COVID Indicator)	11,655	6,243 (54%)	61 (0.5%)
G.03	Number of women survivors of violence receiving services such as counselling (former ADR, joint ANCP-AHP COVID Indicator)	659	659 (100%)	0
<b>Private Sector (P4R Pillar Three)</b>				
P.02	Number of employees who have benefited from financial and or business development support to local micro, small or medium-sized enterprises (joint ANCP-AHP COVID Indicator)	75	29 (39%)	6 (8%)

## COVID-19 RESULTS IN VANUATU

Number	Indicator	Actual Direct	All Women & Girls (%)	All PWD (%)
<b>Health (P4R Pillar One)</b>				
H.08	Number of people targeted through one-way messaging on COVID-19 prevention and access to services (joint ANCP-AHP COVID Indicator)	156,791	136,485 (87%)	1922 (1.2%)
H.09	Number of people participating in interactive events or sessions related to COVID-19 public health measures and prevention (joint ANCP-AHP COVID Indicator)	20,133	12,649 (63%)	258 (1%)
H.11	Number of people who received mental health and psychosocial support (joint ANCP-AHP COVID Indicator)	218	109 (50%)	0
<b>Water, Sanitation and Hygiene (P4R Pillar One)</b>				
W.01	Number of people with household access to improved drinking water sources (joint ANCP-AHP COVID Indicator)	3,326	1,660 (50%)	54 (2%)
W.02	Number of people with household access to improved sanitation facilities (joint ANCP-AHP COVID Indicator)	1,835	1,013 (55%)	14 (1%)
W.03	Number of people with household access to handwashing facilities (joint ANCP-AHP COVID Indicator)	1,944	991 (51%)	20 (1%)
		<b>Actual</b>	<b>Schools</b>	<b>Health Care Facilities</b>
W.04	Number of public buildings with improved drinking water sources (joint ANCP-AHP COVID Indicator)	13	1	0
W.05	Number of public buildings with hand washing facilities (joint ANCP-AHP COVID Indicator)	22	4	1

Number	Indicator	Actual Direct	All Women & Girls (%)	All PWD (%)
W.06	Number of people reached with WASH supplies (including hygiene items) (joint ANCP-AHP COVID Indicator)	96	48 (50%)	0
<b>Child Protection (P4R Pillar Two)</b>				
CP.01	Number of people who participated in sessions on prevention, reduction and response to violence, abuse and exploitation of children (joint ANCP-AHP COVID Indicator)	18,901	9,398 (50%)	122 (1%)
<b>Gender Equality and Social Inclusion (P4R Pillar Two)</b>				
G.02	Number of people who participated in sessions on gender issues and women's equal rights (joint ANCP-AHP COVID Indicator)	10,040	5,153 (51%)	184 (2%)
<b>Food Security (P4R Pillar Three)</b>				
F.01	Number of people with improved access to sufficient food (joint ANCP-AHP COVID Indicator)	875	446 (51%)	9 (1%)
<b>Livelihoods (P4R Pillar Three)</b>				
L.03	Number of people provided with financial services (former ADR, joint ANCP-AHP COVID Indicator)	3,209	1,720 (54%)	1062 (33%)
L.04	Number of people who access social transfers (such as cash & voucher assistance) (former ADR, joint ANCP-AHP COVID Indicator)	2,954	1,613 (55%)	1062 (36%)
L.05	Number of people reached with livelihoods support interventions (joint ANCP-AHP COVID Indicator)	3,558	1,897 (53%)	1067 (30%)
<b>Private Sector (P4R Pillar Three)</b>				
P.02	Number of employees who have benefited from financial and or business development support to local micro, small or medium-	269	113 (42%)	0

Number	Indicator	Actual Direct	All Women & Girls (%)	All PWD (%)
	sized enterprises (joint ANCP-AHP COVID Indicator)			

## COVID-19 RESULTS IN TIMOR-LESTE

Number	Indicator	Actual Direct	All Women & Girls (%)	All PWD (%)
<b>Health (P4R Pillar One)</b>				
H.08	Number of people targeted through one-way messaging on COVID-19 prevention and access to services (joint ANCP-AHP COVID Indicator)	109,789	55,094 (50%)	3194 (3%)
H.09	Number of people participating in interactive events or sessions related to COVID-19 public health measures and prevention (joint ANCP-AHP COVID Indicator)	35,746	18,281 (51%)	1313 (4%)
H.10	Number of items of personal protective equipment (PPE) distributed (joint ANCP-AHP COVID Indicator)	14,826		
<b>Water, Sanitation and Hygiene (P4R Pillar One)</b>				
W.01	Number of people with household access to improved drinking water sources (joint ANCP-AHP COVID Indicator)	7,728	3,862 (50%)	105 (1%)
W.02	Number of people with household access to improved sanitation facilities (joint ANCP-AHP COVID Indicator)	116	55 (47%)	0
W.03	Number of people with household access to handwashing facilities (joint ANCP-AHP COVID Indicator)	17,411	8,823 (51%)	955 (5%)
		<b>Actual</b>	<b>Schools</b>	<b>Health Care Facilities</b>
W.04	Number of public buildings with improved drinking water sources (joint ANCP-AHP COVID Indicator)	32	11	15
W.05	Number of public buildings with hand washing facilities (joint ANCP-AHP COVID Indicator)	172	19	90



Number	Indicator	Actual Direct	All Women & Girls (%)	All PWD (%)
W.06	Number of people reached with WASH supplies (including hygiene items) (joint ANCP-AHP COVID Indicator)	50,974	25,732 (50%)	1311 (3%)
<b>Child Protection (P4R Pillar Two)</b>				
CP.01	Number of people who participated in sessions on prevention, reduction and response to violence, abuse and exploitation of children (joint ANCP-AHP COVID Indicator)	16,932	8,889 (53%)	372 (2%)
<b>Gender Equality and Social Inclusion (P4R Pillar Two)</b>				
G.02	Number of people who participated in sessions on gender issues and women's equal rights (joint ANCP-AHP COVID Indicator)	32,721	16,550 (51%)	561 (2%)
G.03	Number of women survivors of violence receiving services such as counselling (former ADR, joint ANCP-AHP COVID Indicator)	203	203 (100%)	0
<b>Food Security (P4R Pillar Three)</b>				
F.01	Number of people with improved access to sufficient food (joint ANCP-AHP COVID Indicator)	29,247	15,596 (53%)	1050 (4%)
<b>Livelihoods (P4R Pillar Three)</b>				
L.01	Number of people who adopt improved agricultural and fisheries practices (former ADR, joint ANCP-AHP COVID Indicator)	12,486	6,787 (54%)	335 (3%)
L.03	Number of people provided with financial services (former ADR, joint ANCP-AHP COVID Indicator)	6,610	3,833 (58%)	174 (3%)
L.05	Number of people reached with livelihoods support interventions (joint ANCP-AHP COVID Indicator)	4,598	2,294 (50%)	316 (7%)

## COVID-19 RESULTS IN FIJI

Number	Indicator	Actual Direct	All Women & Girls (%)	All PWD (%)
<b>Health (P4R Pillar One)</b>				
H.08	Number of people targeted through one-way messaging on COVID-19 prevention and access to services (joint ANCP-AHP COVID Indicator)	62,099	39,053 (63%)	815 (13%)
H.09	Number of people participating in interactive events or sessions related to COVID-19 public health measures and prevention (joint ANCP-AHP COVID Indicator)	60	23 (38%)	3 (5%)
H.10	Number of items of personal protective equipment (PPE) distributed (joint ANCP-AHP COVID Indicator)	12,192		
H.11	Number of people who received mental health and psychosocial support (joint ANCP-AHP COVID Indicator)	707	0	0
<b>Child Protection (P4R Pillar Two)</b>				
CP.01	Number of people who participated in sessions on prevention, reduction and response to violence, abuse and exploitation of children (joint ANCP-AHP COVID Indicator)	500	245 (49%)	20 (4%)
<b>Gender Equality and Social Inclusion (P4R Pillar Two)</b>				
G.02	Number of people who participated in sessions on gender issues and women's equal rights (joint ANCP-AHP COVID Indicator)	834	454 (54%)	30 (4%)
<b>Livelihoods (P4R Pillar Three)</b>				
L.01	Number of people who adopt improved agricultural and fisheries practices (former ADR, joint ANCP-AHP COVID Indicator)	550	519 (94%)	50 (9%)
L.04	Number of people who access social transfers (such as cash & voucher assistance) (former ADR, joint ANCP-AHP COVID Indicator)	965	965 (100%)	2 (0.2%)
L.05	Number of people reached with livelihoods support interventions (joint ANCP-AHP COVID Indicator)	3,839	3,419 (89%)	167 (4%)

## COVID-19 RESULTS IN SOLOMON ISLANDS

Number	Indicator	Actual Direct	All Women and Girls (%)	All PWD (%)
<b>Health (P4R Pillar One)</b>				
H.08	Number of people targeted through one-way messaging on COVID-19 prevention and access to services (joint ANCP-AHP COVID Indicator)	39,689	19,898 (50%)	519 (1%)
H.09	Number of people participating in interactive events or sessions related to COVID-19 public health measures and prevention (joint ANCP-AHP COVID Indicator)	6,708	3,555 (53%)	84 (1%)
H.10	Number of items of personal protective equipment (PPE) distributed (joint ANCP-AHP COVID Indicator)	406		
W.06	Number of people reached with WASH supplies (including hygiene items) (joint ANCP-AHP COVID Indicator)	30,743	15,193 (49%)	148 (0.5%)
<b>Child Protection (P4R Pillar Two)</b>				
CP.01	Number of people who participated in sessions on prevention, reduction and response to violence, abuse and exploitation of children (joint ANCP-AHP COVID Indicator)	482	285 (59%)	8 (2%)
<b>Gender Equality and Social Inclusion (P4R Pillar Two)</b>				
G.02	Number of people who participated in sessions on gender issues and women's equal rights (joint ANCP-AHP COVID Indicator)	1,725	1,139 (66%)	19 (1%)
<b>Livelihoods (P4R Pillar Three)</b>				
L.03	Number of people provided with financial services (former ADR, joint ANCP-AHP COVID Indicator)	2,098	1,863 (89%)	127 (6%)
L.05	Number of people reached with livelihoods support interventions (joint ANCP-AHP COVID Indicator)	2,874	1,525 (53%)	134 (5%)

## COVID-19 RESULTS IN MICRO PACIFIC STATES

Number	Indicator	Actual Direct	All Women & Girls (%)	All PWD (%)
<b>Health (P4R Pillar 1)</b>				
H.08	Number of people targeted through one-way messaging on COVID-19 prevention and access to services (joint ANCP-AHP COVID Indicator)	66,192	32,476 (49%)	948 (1%)
H.09	Number of people participating in interactive events or sessions related to COVID-19 public health measures and prevention (joint ANCP-AHP COVID Indicator)	20,061	10,135 (51%)	2 (0.01%)
H.11	Number of people who received mental health and psychosocial support (joint ANCP-AHP COVID Indicator)	2,581	1,163 (45%)	218 (8%)
<b>Water, Sanitation and Hygiene (P4R Pillar 1)</b>				
W.01	Number of people with household access to improved drinking water sources (joint ANCP-AHP COVID Indicator)	2,823	1,387 (49%)	75 (3%)
		<b>Actual</b>	<b>Schools</b>	<b>Health Care Facilities</b>
W.04	Number of public buildings with improved drinking water sources (joint ANCP-AHP COVID Indicator)	75	1	0
W.05	Number of public buildings with hand washing facilities (joint ANCP-AHP COVID Indicator)	17	11	0
		<b>Actual Direct</b>	<b>All Women &amp; Girls</b>	<b>All PWD</b>
W.06	Number of people reached with WASH supplies (including hygiene items) (joint ANCP-AHP COVID Indicator)	3,997	2,053 (51%)	10 (0.3%)
<b>Child Protection (P4R Pillar Two)</b>				
CP.01	Number of people who participated in sessions on prevention, reduction and response to violence, abuse and exploitation of children (joint ANCP-AHP COVID Indicator)	115	63 (55%)	0
<b>Gender Equality and Social Inclusion (P4R Pillar Two)</b>				
G.02	Number of people who participated in sessions on gender issues and women's equal rights (joint ANCP-AHP COVID Indicator)	822	433 (53%)	3 (0.4%)

Number	Indicator	Actual Direct	All Women & Girls (%)	All PWD (%)
<b>Food security (P4R Pillar Three)</b>				
F.01	Number of people with improved access to sufficient food (joint ANCP-AHP COVID Indicator)	2,332	1,062 (46%)	38 (2%)
<b>Livelihoods (P4R Pillar Three)</b>				
L.01	Number of people who adopt improved agricultural and fisheries practices (former ADR, joint ANCP-AHP COVID Indicator)	15,258	7,420 (49%)	511 (3%)
L.05	Number of people reached with livelihoods support interventions (joint ANCP-AHP COVID Indicator)	15,784	7,663 (49%)	511 (3%)

## COVID-19 RESULTS IN LAOS, BANGLADESH, MYANMAR, LEBANON AND IRAQ

Number	Indicator	Actual Direct	All Women & Girls (%)	All PWD (%)
<b>Health (P4R Pillar 1)</b>				
H.08	Number of people targeted through one-way messaging on COVID-19 prevention and access to services (joint ANCP-AHP COVID Indicator)	349,716	198,574 (57%)	7,672 (2%)
H.09	Number of people participating in interactive events or sessions related to COVID-19 public health measures and prevention (joint ANCP-AHP COVID Indicator)	488,572	380,341 (78%)	6,200 (1%)
H.10	Number of items of personal protective equipment (PPE) distributed (joint ANCP-AHP COVID Indicator)	101,705		
H.11	Number of people who received mental health and psychosocial support (joint ANCP-AHP COVID Indicator)	13,602	11,263 (83%)	56 (0.4%)
<b>Water, Sanitation and Hygiene (P4R Pillar 1)</b>				
W.01	Number of people with household access to improved drinking water sources (joint ANCP-AHP COVID Indicator)	76,165	34,812 (46%)	7,867 (10%)
W.02	Number of people with household access to improved sanitation facilities (joint ANCP-AHP COVID Indicator)	91,389	49,978 (55%)	5,720 (6%)
W.03	Number of people with household access to handwashing facilities (joint ANCP-AHP COVID Indicator)	44,114	24,370 (55%)	500 (1%)

Number	Indicator	Actual Direct	All Women & Girls (%)	All PWD (%)
		Actual	Schools	Health Care Facilities
W.04	Number of public buildings with improved drinking water sources (joint ANCP-AHP COVID Indicator)	8	0	8
W.05	Number of public buildings with hand washing facilities (joint ANCP-AHP COVID Indicator)	364	114	146
		Actual Direct	All Women & Girls (%)	All PWD (%)
W.06	Number of people reached with WASH supplies (including hygiene items) (joint ANCP-AHP COVID Indicator)	88,650	43,819 (49%)	1,904 (2%)
<b>Child Protection (P4R Pillar Two)</b>				
CP.01	Number of people who participated in sessions on prevention, reduction and response to violence, abuse and exploitation of children (joint ANCP-AHP COVID Indicator)	38,343	24,807 (65%)	1,408 (4%)
<b>Gender Equality and Social Inclusion (P4R Pillar Two)</b>				
G.02	Number of people who participated in sessions on gender issues and women's equal rights (joint ANCP-AHP COVID Indicator)	69,735	48,395 (69%)	1,319 (2%)
G.03	Number of women survivors of violence receiving services such as counselling (former ADR, joint ANCP-AHP COVID Indicator)	290	290 (100%)	0
<b>Food security (P4R Pillar Three)</b>				
F.01	Number of people with improved access to sufficient food (joint ANCP-AHP COVID Indicator)	27,970	16,407 (59%)	153 (0.5%)
<b>Livelihoods (P4R Pillar Three)</b>				
L.01	Number of people who adopt improved agricultural and fisheries practices (former ADR, joint ANCP-AHP COVID Indicator)	2,882	1,905 (66%)	8 (0.2%)
L.03	Number of people provided with financial services (former ADR, joint ANCP-AHP COVID Indicator)	18,661	12,823 (69%)	688 (4%)
L.04	Number of people who access social transfers (such as cash & voucher assistance) (former ADR, joint ANCP-AHP COVID Indicator)	3,325	1,962 (59%)	1069 (32%)

Number	Indicator	Actual Direct	All Women & Girls (%)	All PWD (%)
L.05	Number of people reached with livelihoods support interventions (joint ANCP-AHP COVID Indicator)	1,544	932 (60%)	10 (0.6%)

## ANNEX 2: CIVIL SOCIETY PARTNERS/PROGRAMS IN SCOPE

Program	Next Report Due	Number of Expected Reports	Report Frequency
ANCP	September 2021	Multiple reports by org/country/sector	Annual, with exception reporting in December 2020
AHP	January 2021	16 reports across Timor-Leste and Pacific Disaster and READY and non-Disaster READY countries and Disaster Read Annual Report	Biannual progress reporting and annual Disaster READY report
Australian Red Cross	December 2020	Regional-level reporting with further detail for 5 countries in line with AHP Disaster READY focus (PNG, Vanuatu, Fiji, SI, Timor-Leste)	Next report due June 2021, and then April 2022 (noting beyond the time period for this work)
IPPF/SPRINT	30 April 2021 for IPPF One-month (already available)/end of project report for SPRINT	Regional report for IPPF against Pacific Niu Vaka Strategy; one-month (alREADY available) and end of project reports for SPRINT funding	No MEL framework in place. Communications updates are available.
Water for Women	January 2021	11 research projects + 19 NGO projects	More qualitative focus in MEL.
PCPP	April 2021	Currently due (from Uniting World) on April 2021, October 2021 and April 2022. Potential to move forward by one month to better align with synthesis reporting timeframes. Other agreements to be advised.	Biannual. The first expected report is due after the first synthesis report
Pacific Women	January 2021	Whole of program report	Biannual



## ANNEX 3: COVID-19 INDICATORS

Categories including relation to <i>P4R</i>	No.	Indicators
Risk Communication and Engagement <i>(Health Security)</i>	H.08	Number of people targeted through one-way messaging on COVID-19 prevention and access to services
	H.09	Number of people participating in interactive events or sessions related to COVID-19 public health measures and prevention
Critical medical and water, sanitation and hygiene (WASH) supplies and improving Infection Prevention and Control (IPC) <i>(Health Security)</i>	W.01	Number of people with household access to improved drinking water sources
	W.02	Number of people with household access to improved sanitation facilities
	W.03	Number of people with household access to handwashing facilities
	W.04	Number of public buildings with improved drinking water sources
	W.05	Number of public buildings with hand washing facilities
	W.06	Number of people reached with WASH supplies (including hygiene items)
	H.10	Number of items of Personal Protective Equipment (PPE) distributed
Child protection, gender based violence (GBV) services, and psychosocial support <i>(Stability)</i>	H.11	Number of people who received mental health and psychosocial support
	CP.01	Number of people who participated in sessions on prevention, reduction and response to violence, abuse and exploitation of children
	G.02	Number of people who participated in sessions on gender issues and women's equal rights
	G.03	Number of women survivors of violence receiving services such as counselling

Categories including relation to <i>P4R</i>	No.	Indicators
Social protection, livelihoods and economic stability <i>(Stability; Economic Recovery)</i>	L.01	Number of people who adopt improved agricultural and fisheries practices
	L.03	Number of people provided with financial services
	L.04	Number of people who access social transfers (such as cash & voucher assistance)
	L.05	Number of people reached with livelihoods support interventions
	P.02	Number of employees who have benefited from financial / business development support to local micro, small or medium-sized enterprises
	F.01	Number of people with improved access to sufficient food