



Inclusive Disaster Resilience in Tonga Project (IDRIT Project) - Final Performance Report for BHA

June 2023



This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Act For Peace and do not necessarily reflect the views of USAID or the United States Government.

Contents

Executive Summary	1
Overall Performance	3
Project interventions	4
Foundation activities	4
Protection sector activities	6
Capacity Building and Training sector activities	9
Challenges	11
Changes and Amendments	12
Measuring Results	13
Foundation activity results	13
Protection and Risk Management Policy and Practice sector results	13
Participation of and Accountability to Affected Population	25
Risk Management	27
Coordination	27
Lessons Learned and recommendations	27
Transition or Exit Strategy	30
Conclusion	31
Annex	32
Annex 1. Summary of beneficiary data from program activities	32
Annex 2. IDRIT Indicator tracking table	33
Annex 3 Program Logic	36

LIST OF ACRONYMS

AfP	Act for Peace
BHA	Bureau for Humanitarian Assistance
CbDRM	Community based Disaster Risk Management
CbP	Community based Protection
COVID-19	Coronavirus disease
CSO	Civil Society Organization
DPO	Disabled People's Organization
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
EC	Evacuation Centre
EWS	Early Warning System
GoT	Government of Tonga
HTHH	Hunga Tonga-Hunga Ha'apai
IDRIT	Inclusive Disaster Resilience in Tonga
M&E	Monitoring and Evaluation
NEMO	National Emergency Management Office (Tonga)
NGO	Non-Government Organization
SIMEX	Simulation Exercise
TC	Tropical Cyclone
TNCC	Tonga National Council of Churches
TOT	Training of Trainers
USAID	United States Agency for International Development
VCA	Vulnerability and Capacity Assessment
VEMC	Village Emergency Management Committee
VEMP	Village Emergency Management Plans
WASH	Water, Sanitation, and Hygiene

Narrative cover page

I. Reporting Type:	Final Performance Report
II. Reporting FY:	2020 - 2023
III. Recipient Organization/Name:	Act for Peace (AfP)
Implementing partner:	Tonga National Council of Churches (TNCC)
IV. Award Number:	72OFDA20GR00009
V. Activity Name:	Inclusive Disaster Resilience in Tonga Project (IDRIT Project)
VI. Geographic Area (Worldwide/Country/Region):	South Pacific, Kingdom of Tonga – 27 remote communities (Vava'u – 13, Ha'apai – 13, Tongatapu – 1)
VII. Activity Start Date:	12 May 2020
VIII. Activity End Date:	31 March 2023
IX. List of documents uploaded into BHA ART module in AAMP for the reporting period:	IDRIT Indicator Tracking Table
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Dollar Amount from BHA:	\$1,067,607
Dollar amount - Non-Federal Cost-Share:	\$0
Estimated Total Budget (USD)	\$1,067,607.00

Executive Summary

This is the Final Performance Report for the Bureau for Humanitarian Assistance (BHA) funded Inclusive Disaster Resilience in Tonga (IDRIT) program which was delivered by Act for Peace (AfP) and in-country implementation partner, Tonga National Council of Churches (TNCC) between May 2020 and March 2023. The program intervened in the Protection and Risk Management Policy and Practice sectors to achieve the goals of: Vulnerable Tongan communities in remote areas, including people living with disabilities, have reduced protection risks and are more resilient to the impacts of natural disasters. The achievement of the following two outcomes contributed towards the achievement of the goal:

- Reduce the impact of natural disaster on remote Tongan communities, including people with disability and other vulnerable groups.
- Reduce protection risks for people with disabilities and other vulnerable groups in remote Tongan communities during and after natural disasters.

The project benefited a total of 8,476 people (4,365 men, 4,111 women) across 27 communities in the Ha'apai, Vava'u and Tongatapu island groups. The program achieved the above outcomes through implementing a range of targeted strategies at the national and community-level including: behavior change; education and capacity building; infrastructure improvements; advocacy and disability mainstreaming.

Community-level capacity in Disaster Risk Management (DRM) and Protection was built through training workshops targeting existing Village Emergency Management Committees (VEMCs) and smaller groups of vulnerable community members, including people with disabilities. A greater appreciation of protection risks impacting vulnerable community members led to new risks and responses being included in updated Village Emergency Management Plans (VEMPs). People with disabilities and/or their carers are now represented in VEMCs to ensure their specific needs are considered. A practical outcome from these activities that will help save lives and reduce the impact of disasters was the assignment of youth and women's groups to prioritize and attend to the needs of vulnerable groups during disaster events. Another practical outcome observed that will reduce the impact of disaster was the increased knowledge of and preparation of 72-hour emergency bags (for people to support themselves and their families for 3 days in an emergency situation).

Improvements in community capacity to respond to disaster was observed by TNCC during the 2022 Hunga Tonga-Hunga Ha'apai (HTHH) disaster and response. TNCC's engagement with communities benefiting from IDRIT VEMC refresher training revealed they were better planned, organized and capable of supporting the HTHH WASH and agriculture response measures when compared to other communities who had not benefited from IDRIT activities. This is some of the strongest evidence identified that the program has made a meaningful contribution towards its overall Risk Management Policy and Practice outcome.

The program sought to educate people and change their existing negative beliefs and attitudes towards people with disability and other marginalized groups. The direct engagement of a representative from a Disabled People's Organization to co-deliver aspects of training activities demonstrated the program's commitment to disability inclusion and greatly enhanced the emotional impact of training delivered. Drama performances delivered within the 27 target communities were found to be an effective and culturally appropriate mechanism to educate and overcome stigma towards people with disability resulting in them being valued and seen for their abilities. Church leaders were also targeted through educational workshops and advocacy campaigns to encourage

them to promote disability inclusion and take greater ownership of their important role in providing community-level protection services for the most vulnerable people in the community. Church leaders were motivated by the program activities to take a more proactive role in providing care and support for people with disability. This includes committing to make their churches more accessible and fundraising for food and essential items for the most vulnerable members of their community. These measures combined with increased capacity in community-based protection supported by the VEMCs and the VEMP have helped to reduce protection risks during times of disaster for people with disability and other vulnerable groups.

The accessibility audits of 19 evacuation centers resulted in three centers being renovated to be more accessible through the installation of access ramps, rails, lighting and accessible toilets. These more accessible evacuation centers combined with a greater understanding of disability inclusion support needs will result in more vulnerable community members, including people with disability, evacuating to these safer centers during disasters, thus reducing the risk of harm, abuse and injury from remaining home during disaster events.

The innovative approach of maintaining disability inclusion and protection into community-based DRM was acknowledged by Pacific Church Leaders at the Pacific Church Leaders Development Conference in Sydney, Australia in November, 2022 where TNCC gave a presentation on IDRIT to share the approach, achievements and challenges. Key factors supporting the success of the program include the supportive partnership approach between AfP and TNCC; working with established national and community-level structures and processes; close working relationships with community-level Town Officers and close collaboration with Government and civil society organizations who were involved either in the design and/or implementation of program. The program was delivered in a challenging environment with tropical cyclones, the COVID-19 pandemic and the HTHH disaster all negatively impacting up on the program and targeted communities.

Reflecting the achievements of the program, indicator targets for 13 of 14 BHA indicators were achieved or exceeded. Supporting this positive narrative, the end of program evaluation found that “the IDRIT program has been impressive in what it has delivered. This was particularly the case in terms of the program’s: Reach – given the considerable number of communities and stakeholders engaged successfully in the program timeframe; and Inclusive and collaborative delivery approach - with the project team working closely with target communities to plan and schedule activities as well as centering the needs and involvement of vulnerable community members.” The evaluation found program activities were effective in contributing to the desired project outcomes and impact pathways were clear, with applications of learnings from the program demonstrated in real life situations outside of the project on multiple occasions.

A number of lessons learnt and recommendations to improve the delivery of future programs are presented in the Lessons Learnt and Recommendations sector of the report.

SNAPSHOT OF KEY IDRIT PROGRAM ACHIEVEMENTS



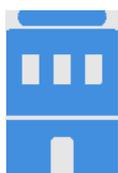
Reduced impact of disaster and increased protection for 8,476 people (m:4,365, f:4,111)



1,084 people trained in protection (m:467 / f:617)



1,740 people trained in community-based disaster preparedness, risk reduction and management (m:670 / f:1,070)



Three evacuation center upgrades completed to improve accessibility



27 Village Emergency Plans updated to include new protection risks



27 Village Emergency Management Committees revitalized with increased capacity and inclusive representation

Overall Performance

The report begins with a brief exploration of the IDRIT program goals and objectives before describing the project interventions and outcomes achieved. The findings presented are informed by project monitoring data, a mid-term, an end of program evaluation, feedback from a project design workshop in October 2022 for the next phase of the program and findings from two project reflection workshops held in December 2022 and March 2023.

The IDRIT program worked with government and national civil society organizations including churches to make a significant contribution towards achieving its overall goal: *Vulnerable Tongan communities in remote areas, including people living with disabilities, have reduced protection risks and are more resilient to the impacts of natural disasters.* The Program implemented a range of strategies (Figure 1) that resulted in the achievement of its two key outcomes across its two key focus sector areas:

- **Risk Management Policy and Practice sector:** Reduced impact of natural disaster on remote Tongan communities, including people with disability and other vulnerable groups.
- **Protection sector:** Reduced protection risks for people living with disabilities and other vulnerable groups in remote Tongan communities during and after natural disasters.

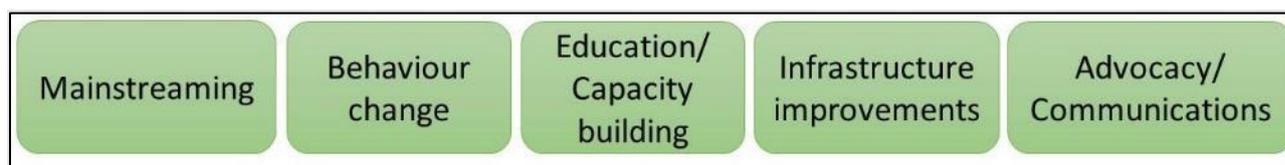


Figure 1. Program strategies summary

Details of activities implemented under each focus sector area are presented below whilst the 'Measuring Results' section provides evidence of the project's achievements and successes.

Over its 34-month duration (May 2020 – March 2023), the program directly benefited 8,476 people (4,365 men, 4,111 women) from 27 highly vulnerable and remote communities spread across the Vava’u, Ha’apai and Tongatapu island groups in Tonga (see Table 1). The communities targeted were deemed most vulnerable by TNCC and the Tongan National Emergency Management Office (NEMO).

Table 1. Community list and population

Vava’u communities	Population	Ha’apai communities	Population
Holeva	116	Pukotala	91
Mangia	104	Felemea	137
Toula	411	Ha’afakahenga	102
Hunga	229	Holopeka	141
’Otea	125	Tongoleleka	844
Tu’anequivale	487	Muitoa	37
Ha’alaufuli	412	Ha’ano	115
Ta’anea	706	Faakakai	176
Mataika	490	Ha’ateiho Si’i	105
’Utui	302	Fangale’ounga	174
Holonga	453	Koulo	214
Vaimaloo	95	Pangai	1,211
Longomapu	613	’Uiha	415
Total Vava’u	4,543	Total Ha’apai	3,762
Tongatapu			
Matafonua	171		
Total Tongatapu	171		
OVERALL TOTAL	8,476		

Project interventions

Foundation activities

A small set of initial activities outlined below laid a foundation for the delivery of future work under both the Protection and Risk Management Policy and Practice sectors.

Develop Social and Behavioral Change Communication Strategy

Effective messaging and strategies were required by the program if it was to be successful in improving attitudes of community members and church leaders about people with disabilities towards more positive attitudes and inclusive behaviors. Thirty-two meetings and initial consultations with target communities and key stakeholder groups in 2020 and 2021 involving 828 people (346 male, including 9 male with disabilities, 482 female, including 8 females with disabilities) across the three target island groups (Vava’u, Ha’apai, Tongatapu) helped to inform culturally appropriate program messaging and approaches to progress the program’s gender and disability inclusion, protection and Disaster Risk Management (DRM) objectives. The meetings and consultations achieved multiple purposes including introducing communities to the program, setting expectations of what the program would and would not deliver, and identifying responses to the existing negative behaviors, attitudes and beliefs that the program was focused on changing.

Training resource update and creation

Planned program training activities were to utilize training resources developed for previous similar interventions. Following good practice, this program initiated an activity to review and improve the existing training resources based on previous experience and feedback received. Training resources to support planned training¹ were reviewed and updated in July 2020 through a workshop involving representatives from Disabled People's Organization (DPOs), Ministry of Internal Affairs (MIA), National NGOs, and the Woman and Children Crisis Centre (11 men, 8 women, 1 person with disability). The workshop also enabled stakeholders to share knowledge, skills and experience in community-based training and to establish a Community of Practice (CoP) network to support future program activities. The revised resources were piloted and adopted throughout the remainder of program delivery.

Map protection referral services

There are limited local and accessible protection services in remote Tongan communities. The barriers to access these or nearby services become higher for people with disabilities and other marginalized groups. These groups are often unaware of what Island-group or national services are available and navigating access can be challenging due to physical or cognitive limitations. Acknowledging the gaps in knowledge and service provision, the program mapped out existing services and referral pathways to access protection and disability services. The mapping was carried out in a participatory manner at a workshop involving 21 representatives (7 men, 14 women, including 3 people with disability) from Tonga's Protection Cluster members (Government, DPOs and service providers). Through both training and participant sharing, the workshop helped participants to develop a strong foundation in community-based protection approaches for programming and advocacy. The findings from the mapping workshop were later presented to communities during workshop delivery as part of TNCC complaint and referral sessions with a number of key relevant contacts shared.

Partnership Approach

A number of capacity building activities supported the partnership approach between AfP and TNCC. In response to COVID-19-related international border closures, capacity building activities were delivered remotely via online platforms and webinars. The following initial training delivered between April and September 2020 helped ensure that six men and three women from TNCC and key partner Lavame'a had the knowledge and skills required to deliver other aspects of the program in a safe manner in accordance with TNCC and USAID requirements. Training modules delivered included:

1. Social and Behavior Change Training
2. Disability Inclusive & Child Safeguarding Development Training
3. Community Based Protection & Gender-based Violence
4. USAID financial requirements (Finance and Administration Training)
5. PSEAH & Complaints Handling Training
6. Monitoring Tools Training
7. Introduction to Safeguards (using content from the Australian Council for International Development (ACFID))

¹ Training topics addressed: Community-based Disaster Risk Management (CbDRM), Community-based Protection (CbP), Disability Inclusion (DI), first aid, simulation exercises and proposal writing

Follow-up training in May to September 2021 strengthened knowledge and skills in the following areas:

- Monitoring and evaluation planning
- Child friendly complaints mechanisms
- Policy development and Codes of Conduct
- Field finance audit: Thursday
- Anti terrorism and anti fraud training

The partnership approach was also seen through informal work and collaboration. For example in 2022, TNCC and AfP jointly drafted a story board and documented video production requirements to inform future short video case studies about different program elements.

Protection sector activities

The program delivered strategically planned activities to respond to the identified need to improve the protection environment within communities, specifically for most vulnerable groups. Several of the activities listed below under the protection sector are also aligned with achieving outcomes under the Risk Management Policy and Practice sector. Where there is strong overlap, the activity is documented in full under the protection sector.

CbDRM refresher, CbP and disability inclusion training for VEMCs

The program worked with and through existing nationally endorsed structures such as Village Emergency Management Committees (VEMCs) who are tasked with maintaining and implementing Village Emergency Management Plans (VEMPs) that improve community disaster preparedness and response efforts. The program delivered refresher training to VEMCs across 27 communities involving 2,025 people (896 men, 1,129 women, including 69 people with disability). Training covered a range of protection and DRM topics including: Community based Disaster Risk Management (CbDRM), and Community based Protection (CbP) with disability inclusion mainstreamed across both activities. Specific CbDRM topics included: Vulnerability and Capacity Assessment (VCA), DRR, disaster preparedness, emergency response, First Aid, Search and Rescue, Psychosocial Support and Early Warning Systems. CbP content included a step-by-step process to a) identify and assess local protection issues; b) mitigate risks identified; and c) respond to protection problems if and when they do occur through referral services. Disability inclusion was integrated into the delivery of both CbDRM and CbP. The refresher training also resulted in updates to VEMC membership and VEMPs to reflect new protection risks, mitigation measures, stronger inclusion strategies and community-level responses.



Figure 2. First Aid training facilitated by Tonga Red Cross

Disaster Simulations Exercises (SIMEX)

An important sub-component of the CbDRM training involved the hosting of disaster simulations exercises which enable VEMC members and communities to practice the implementation of their VEMP and to demonstrate essential DRM and basic first aid knowledge and skills. The 27 simulation activities engaged 2,025 people (896 men, 1,129 women, including 69 people with disabilities) and included four main components: discussion exercise; functional drill, desktop exercise, operational simulation.



Figure 3. Sample 72-hour bag being presented

Disability Inclusive CbDRM, First Aid and CbP training for small groups of vulnerable community members

People with disability and marginalized groups are often excluded from participating in community-level activities including DRM. Acknowledging that people with disability and marginalized groups (widows, women from female headed households, and the elderly) are more vulnerable to the impacts of disaster, the program delivered a specific targeted community-level intervention to build capacity in CbDRM, First Aid and CbP as a means of empowering participants to play more meaningful roles in community-level DRM. One activity challenged participants to outline a series and steps and requirements to facilitate the participation of people with disability in DRM and broader community activities (see Figure 4. Pathway to inclusion plan activity). Protection elements of the training identified common protection risks and discussed additional risks that are present during times of disaster. The workshops also delivered a module in COVID-19 awareness and prevention. The program delivered 27, 3-days workshops benefiting 537 people (166 men, 371 women, including 146 people with disability who experience difficulty seeing, hearing, walking along with a range of other self-care and physical limitations).



Figure 4. Pathway to inclusion plan activity

Protection training for Church leaders at the national-level

Church organizations play an important role in creating a protective environment at the community-level in everyday life and during disaster events. To improve the capacity of church leaders to fulfill this role and to specifically address stigma and exclusion of people with disability, the program delivered three national-level workshops involving 83 people, mostly church leaders, from 32 individual churches representing 11 faith groups. Also in attendance were government and media representatives and organizations providing protection services.

Advocacy campaign targeting Church leaders

Recognizing that a set of series of workshops is insufficient to create changes in attitudes and behaviors towards people with disability, the program delivered an advocacy campaign utilizing social media, print, radio and TV media channels. Monthly, 30-minute radio and TV broadcasts features program staff and special guests (Figure 5) to discuss disability inclusion and the role of the church in DRM and caring for people with disability. The broadcasts were also used to provide more general awareness and updates about the program.



Figure 5. IDRIT television broadcast with TNCC General Secretary and Rhema Misser the founder of Lavamea Taeiloa Disabled People Association

Leverage church conferences to spread awareness on protection, disability inclusion and DRM

Church conferences are major events in Tonga involving hundreds of church leaders and followers. The program hosted two events reaching 87 people (80 men², 7 women, including 2 people with disability) to reinforce its messages on disability inclusion and church roles in protection.

Drama performances

Previous AfP and TNCC development programs have found that drama is an effective and culturally appropriate activity to educate and shift attitudes of community members. The IDRIT program formed the Kau He Lau drama group and delivered drama performances in each of the target 27 communities³ reaching 3,438 people (1,585 men, 1,853 women, including 49 people with disability).



Figure 6. Kau He Lau drama group performance

² The strong male gender bias reflects the strongly male gendered leadership in church structures in Tonga.

³ One performance planned for Hunga in Vava'u had to be relocated to Toula out of respect for a recent death in Hunga.

The drama performances gained a strong positive reputation which created demand from other communities and churches for additional performances. On request, the drama group delivered one additional performance at an Anglican Church in Nuku'alofa. The success of the IDRIT drama group also led to it being implemented as part of TNCC emergency response activities to ensure inclusive response and recovery activities including Psychosocial support for the most vulnerable.

Capacity Building and Training sector activities

The program delivered strategically planned activities to build community-level capacity in CBDRM, CbP, first aid and disability inclusion. The program also sought to make evacuation centers more accessible and to improve community-level capacity to apply for grant funding to address priority community DRR and broader development priorities.

Several of the activities listed above in the protection sector are also aligned with achieving outcomes under this sector.

Evacuation Center accessibility audits

Elderly people and people with disability face barriers in evacuating to safe facilities during times of disaster. Evacuation center facilities are often not physically accessible and lack basic services such as accessible toilets which discourage these groups from choosing to evacuate and seek refuge in safer facilities. To highlight accessibility barriers at evacuation centers and to highlight priority improvements that can be made to facilities to improve accessibility, the program undertook 19 accessibility audits of evacuation centers across Vava'u and Ha'apai.

TNCC and a DPO representative used a specifically designed tool (Access Audit Tool for Public Evacuation Buildings) to conduct the audits. Audit findings were presented to the facility owners and the community's VEMC. The audit results were also used to inform planned accessibility upgrades to three facilities.

Evacuation center accessibility renovations

The 19 evacuation center audit reports were reviewed by the TNCC board and steering committee and six centers were shortlisted for a more thorough audit and inspection to determine the three sites that would benefit from the program-funded accessibility renovations.



Figure 7. IDRIT funded accessible toilet and entry ramp at evacuation center

An engineer's assessment (documented in a 'Disability assessment report') and other criteria including the number of people with disability living in the community were used to select three evacuation centers at: Ha'ano (Ha'apai), Toulua and Longomapu (Vava'u). Technical drawings developed by the contracted building engineer included requirements that responded to the accessibility audit report recommendations for the three selected evacuation centers.

Regional knowledge sharing

TNCC have built knowledge and expertise in disability inclusion CbDRM and CbP through their experience delivering this and similar programs. An opportunity to share TNCC's innovative approach towards disability inclusion within DRM was capitalized upon through the Pacific Church Leaders Development Conference in Sydney, Australia in November, 2022. The event was attended by approximately 62 church leaders from Australia and across the South Pacific region, including four TNCC staff, the TNCC Chairperson and one staff member from AfP. During the 5-day workshop, TNCC staff presented information about the program, its objectives, approach, achievements and lessons learned.



Figure 8. Asena Taufua, from the TNCC presenting at the Pacific Church Leaders Development conference

Proposal writing training and proposal review service

The program delivered four training workshops in proposal writing which benefited 78 people (41 men, 37 women) from the target communities. Whilst the program budget was insufficient to implement a dedicated round of grant funding, the proposal writing training combined with the planned water security reports intended to equip communities with foundational skills and resources to enable them to apply for funding from other government sources.

Water security report

During the program design process, community leaders identified water security as a high priority for target communities. Whilst the program budget was insufficient to increase water security, the program did provide each target community with a water security assessment report which could be used as an evidence base in a grant funding submission or future program to address the community's water security needs.

Develop Standard Operating Procedures to improve Government of Tonga and Church coordination of DRM

The program design identified an opportunity for the Government of Tonga (GoT), specifically NEMO and response clusters, and church organisations to improve their level of collaboration during the disaster preparation, response and recovery phases. The planned Standard Operating Procedures would document the shared understanding, roles and responsibilities of both parties to enhance future coordination. The program was unable to progress this activity due to resourcing constraints within NEMO which made engagement difficult. The initial design overestimated NEMO's shared interest in progressing this activity given their other priority scheduled activities. However, TNCC did

provide resourcing for NEMOs Deputy Director, Moana Kioa to speak as one of the panelist at the 7th Session of the Global Platform for Disaster Risk Reduction 23-28 May, 2022 Bali, Indonesia as a way of building up the skills and strengthening networks of NEMO in disaster preparedness and response.

With the above exception, all BHA funded IDRIT activities were completed in March 2023. Activities were delivered in very close alignment with the project budget and timeline, to the extent possible given the impacts of TC-Harold, COVID-19, and the Hunga Tonga-Hunga Ha'apai (HTHH) disaster.

Monitoring, evaluation and learning

A Mid-Term Review (MTR) and reflection activity was completed in May 2021. An independent end of program evaluation was completed in May 2023 which involved a desktop review and field trip to Tongatapu, Ha'apai and Vav'au to visit project sites and interview program and government stakeholders and community beneficiaries.

Challenges

The above results were achieved through a great deal of hard work and commitment from AfP and TNCC to persevere and overcome a number of challenges that impacted upon program delivery. Some common challenges experienced included:

- Bad weather, cyclones, heavy rain and rough seas delayed activities and impacted travel plans
- Community members had many existing commitments (such as funerals, weddings, sports, government visits) to work around and this sometimes delayed activities or resulted in limited participation from community members
- The turn-over of VEMC members due to urban migration and the appeal of labor mobility programs meant that many previously trained VEMC members were no longer present within the community. This highlights the challenge of keeping DRM and Protection knowledge and skills present and active within the communities.
- COVID-19 travel restrictions, isolation protocols and gathering restrictions created delays in activities and as evidenced at an Island-level training in Ha'apai, limited the number of attendees. The program responded well to this challenge and went a step further by integrating COVID-19 infection prevention messaging into project activities.
- COVID-19 related International travel restrictions placed additional burden on TNCC field staff to conduct remote monitoring and compliance requirements
- Remote monitoring and data collection was time consuming for field staff
- HTHH disaster damaged telecommunication cables and this severely limited TNCC's ability to communicate and upload documents required to inform mandatory reporting to BHA.
- Evacuation center upgrades were delayed as a result of a shortage of materials in relation to COVID-19 disruptions to global supply chains.

Specific disability inclusion challenges included:

- A lack of accessible training venues within communities made it difficult for the program to follow TNCC's guidance on inclusion and select accessible venues.
- Difficulty recruiting people with disability to attend training workshops. There was a perception that people with disability may not have been supported by their family members to attend program activities. This lack of support may reflect family shame, fear or entrenched beliefs about limitations. With the program making the first step in shifting attitudes toward people with disability, future programs may have more success in this area.

The challenge may also lead to the conclusion that programs attempting to target people with disability need to revisit traditional approaches to capacity building focused on the delivery of centralized community workshops.

- Communicating with people with speech difficulties who were using sign language given TNCC staff are not trained in sign language.

Changes and Amendments

The political and security context remained relatively stable throughout the project delivery period, however, the declaration of novel coronavirus (COVID-19) as worldwide pandemic on 11 March 2020 did significantly impact upon planned project delivery approaches and timelines. In response to the COVID-19 pandemic, international borders were closed; lockdowns were enforced and restrictions on movement and limitations on public gatherings were put in place with domestic air travel also suspended. These impacts required the project team to transition from planned face to face delivery to online platforms to support training aimed at building the internal capacity of TNCC staff to deliver the project. The restrictions also required planned community-based activities to be rescheduled.

In January 2022, a COVID-19 outbreak was experienced in Tonga resulting in the domestic restriction on movement of people. The outbreak was contained in May 2022 which enabled the project to continue face-to-face delivery in June.

A no cost extension of eight months (new end date of March 31st 2023) for the program was granted by USAID to AfP in recognition of:

- Tropical Cyclone Harold (April 2020) which caused delays in the delivery of some project activities.
- Implementation delays from COVID-19 impacts and travel restrictions
- TNCC's prioritized response to the Hunga Tonga-Hunga Ha'apai (HTHH) Disaster which consisted of a volcanic eruption, tsunami and volcanic ash fall, affecting 84,800 people, 84% of the Tongan population. TNCC's response work targeted the WASH and agriculture sectors in addition to psychosocial support and the delivery of cash payments to the most vulnerable community members affected.
- Limited community capacity to support IDRIT program activities whilst also recovering from TC-Harold and the HTHH disaster

The project was implemented according to the original design with the following exceptions:

- The planned activity to develop Standard Operating Procedures to improve Government of Tonga and Church coordination of DRM was not progressed for reasons explored in the previous section of the report.
- In response to cost and COVID-19 limitations, the knowledge sharing activity was modified and saw TNCC attend the Pacific Church Leaders Development Conference in Sydney, Australia instead of the Pacific Disability Forum in Fiji.

Measuring Results

The program benefited a total of 8,476 people (4,365 men, 4,111 women).⁴ An analysis of indicator targets and Level of Award endline values documented in Annex 2, finds that overall, the program achieved or exceeded relevant indicator targets for 13 of 14 indicators. There was insufficient data available to quantify the remaining indicator 'Percentage of people trained who retain skills and knowledge after two months disaggregated by sex, age and island group'. Targets were exceeded for seven indicators and this reflects well on the program's high-level achievements. Gender and disability disaggregated data for each indicator are presented in the Indicator Tracking Table in Annex 2. Gender, disability and age disaggregated data are included in a separate attached Excel Spreadsheet. The remainder of this section documents the outcomes of the program's activities.

Foundation activity results

Foundation activities⁵ were effective in introducing the program to communities and identifying what messaging and strategies are likely to be effective in shifting behaviors and attitudes towards people with disabilities. TNCC and DPO participants benefiting from attending one of the seven training workshops delivered by AfP reported that their knowledge in disability inclusion and community-based protection had increased and that they felt better prepared to plan and deliver more effective community-based training activities. Participants identified specific tools and approaches to put the knowledge they had gained into practice. The improved quality of program monitoring was observed during progress reporting with stronger gender, age and disability disaggregated data available.

Protection and Risk Management Policy and Practice sector results

Activities implemented produced results aligned to the program's two high level outcomes:

- *Protection sector: Reduced protection risks for people living with disabilities and other vulnerable groups in remote Tongan communities during and after natural disasters.*
- *Risk Management Policy and Practice sector: To reduce the impact of natural disaster on remote Tongan communities, including people with disability and other vulnerable groups.*

VEMC capacity was built, VEMPs were updated and these outcomes enabled communities to respond faster and more effectively to the HTHH disaster

Disability inclusive CbDRM and CbP refresher training revitalized VEMCs and built community-level DRM capacity. Improvements in community capacity to respond to disaster was observed by TNCC during the HTHH disaster and response. TNCC's engagement with communities benefiting from IDRIT VEMC refresher training revealed they were better planned, organized and capable of supporting the HTHH WASH and agriculture response measures when compared to other communities who had not benefited from IDRIT activities. For example, in the IDRIT target communities in Ha'apai, TNCC found that when they arrived in the community, VEMC members were active and assisting with recovery efforts. HTHH funded greenhouses and WASH facilities such as rainwater catchment tanks in these communities were built and installed promptly after materials were delivered. Conversely, supplies to support similar initiatives in other Ha'apai communities not benefiting from IDRIT were still on the beach or wharf waiting to be transported to the destination community with noted delays in their construction works. This is some of the strongest evidence

⁴ Based on 2016 census population data and acknowledging that program activities directly or indirectly benefited all people in all target communities. 2021 census data indicates a small decrease of 540 people across the 27 target communities.

⁵ Develop Social and Behavioral Change Communication Strategy; Training resource update and creation; Map protection referral services; Partnership Approach (7 x training workshop for TNCC and partner DPO)

identified that the program has made a meaningful contribution towards its overall Risk Management Policy and Practice outcome.

The IDRIT refresher training for VEMCs also resulted in updates to VEMC membership. VEMC membership was expanded to include people with disability or their carers. This resulted in 54 people with disability or their carers being represented within the 27 target community VEMCs. This representation helped ensure that the needs of the community's most vulnerable groups were captured in updates to VEMPs which included additional protection risks faced by people with disabilities and other vulnerable groups. Mitigation measures and community-level responses were proposed to address these risks. For example, the updated VEMPs highlighted the role of youth and women's groups in assisting people with disabilities and vulnerable groups during disaster. Improvements were also made to evacuation center management plans to improve center set-up and access for greater inclusion.

The program evaluation found evidence that first aid skills learnt had been applied multiple times to help people with injuries or in emergency situations resulting in the saving of lives. Search and rescue skills were also successfully applied once in Ha'apai resulting in the location of a missing community member in the sea.

A short video production featuring footage from some of the program activities and testimony from beneficiaries and key projects stakeholders highlight the important work progressed by the program.

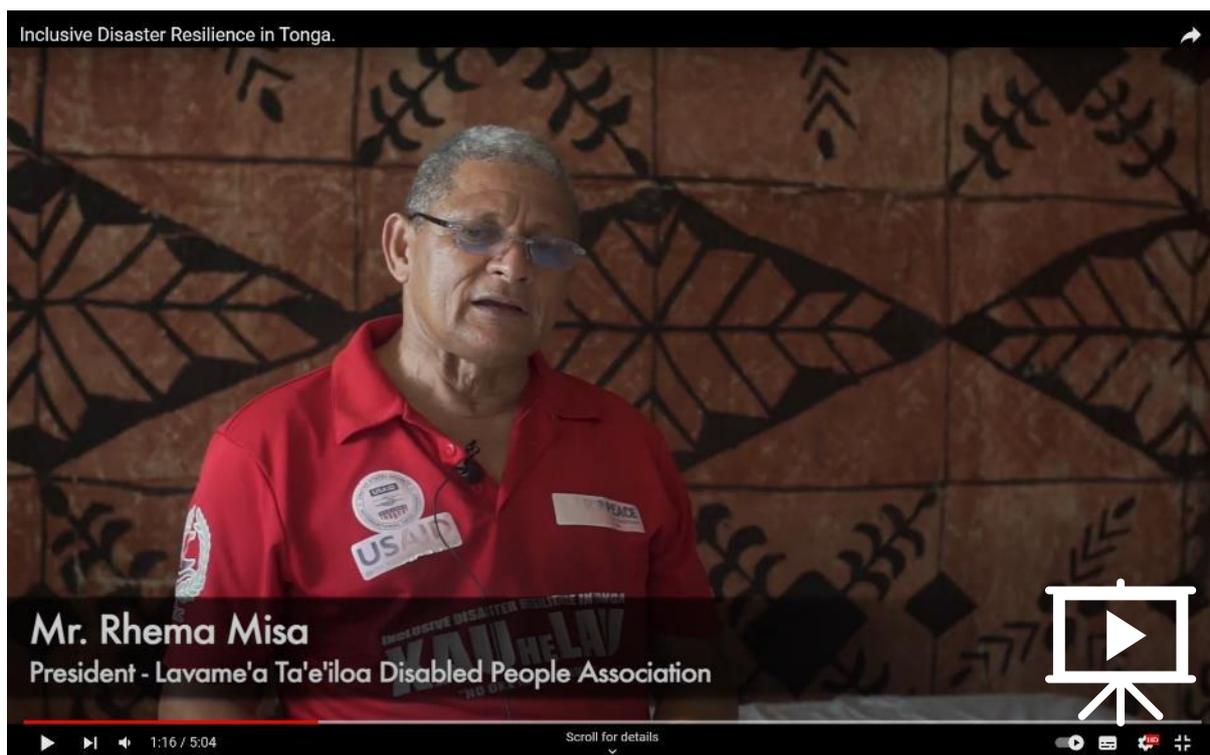


Figure 9. Footage from Inclusive Disaster Resilience in Tonga video production. (<https://youtu.be/uvnRfStBX-0>)

The mapping of names and locations of people with disability and vulnerable community members was included in VEMPs. Having these details in the VEMP means that both VEMC members, police and first responders can quickly find them to offer assistance. TNCC also used this information prior to their trips to deliver emergency relief cash payments to people with disability and other vulnerable groups through their HTHH response. Other civil society organizations assisting other

Ha'apai communities needed to complete rapid needs assessment surveys to identify names and numbers of beneficiaries before they were able to commence cash distribution work.

Disaster simulation activities were found to be effective at both demonstrating and reinforcing knowledge and skills learnt during the VEMP refresher training. The simulations activities also demonstrated new protection measures that saw people with disabilities and vulnerable groups being the first to be assisted by youth and VEMC members before the simulated disaster event occurred. The improved capacity of VEMC members was observed through them being able to run most aspects of the simulations without external assistance from TNCC.

The Deputy Director from Tonga's National Emergency Management Office acknowledged the TNCC and the IDRIT program for their positive work in DRM and disability inclusion. This testimony highlights how TNCC and the program are valued and aligned with NEMO's work.

*"TNCC is playing a very good role here in trying to empower the communities in the areas of Disability Inclusion and Protection and not forgetting Preparedness before any disaster hit."
Deputy Director, National Emergency Management Office, MEIDECC*

A key finding from the program's evaluation was that many project participants reported feeling more confident during a disaster, due to the knowledge learnt and preparation activities conducted through the IDRIT project. This was often expressed as "feeling strong" and "knowing what to do" when disaster situations occurred which resulted in less panic during potential and actual disaster situations in 2022. This is further evidence that the program has made a difference and likely to contribute towards reducing the impact of natural disaster on remote Tongan communities.

People with disability, their carers and other vulnerable groups were empowered by the program

An activity focused on training people with disabilities, their carers and other vulnerable groups in the community in CbDRM, CbP and First Aid supported the active participation of these people in DRR and DRM activities they are typically excluded from or not specifically invited to attend. These workshops created an opportunity for TNCC and VEMCs to listen and amplify the voices of these marginalized groups in a solutions-based conversations, ensuring that their perspectives are considered and valued. In doing so, the training contributed to increased resilience of the communities to disaster events through their improved knowledge, skills, and capacities.

The direct training of vulnerable groups helped TNCC and VEMCs to identify strategies to increase protection and inclusion. The following five strategies were identified with all being actioned to some extent:

1. The inclusion of people living with disabilities into existing women and youth groups to improve communication, opportunity and information sharing. These two groups are delegated responsible for assisting vulnerable community members in the three stages of disaster (before, during and after)
2. Recruitment of a people with disability or their carers in the VEMC itself to act as a spoke person for those living with a disability along with specialized training opportunities. The training delivered to vulnerable groups helped provide some foundation knowledge and skills to facilitate their inclusion and effectiveness within the VEMC.
3. Identifying protection risks through mapping and consultation and addressing risks through the village community meetings being chaired by the Town Officer.
4. Ensuring community police are provided with specific information of vulnerable groups and are part of community-based protection training and simulation exercises.

5. Improvements to evacuation centers to consider specialist requirements

A tangible outcome from the training was the planning of items required for a 72-hour emergency bag for people with disabilities. There was evidence of people preparing 72-hour emergency bags as a result of the training (see beneficiary testimonies below). The training also promoted the availability of government and DPO services, including the disability pension and protection referral pathways, that people with disabilities may be able to access. The program evaluation found that as a result of the program, people with disabilities and elderly people are included in community activities and are treated as valued members of the community. This finding is supported by beneficiary testimonies providing first-hand evidence of the results and benefits from participation in this activity.

As an elderly women and a widow I like to live by myself and I do not have anyone to look after me. I have children and siblings but I do not want to be a burden to anyone, or be under anyone's care, I just simply want to do my own thing on my own terms and I am happy living that way. Being a part of this training enhanced my knowledge in terms of behavioral change and preparedness in times of disaster. After the first day of the training, I returned back home and started packing my 72-hour bag and also start thinking of my evacuation plan if getting to a time that I need to evacuate to a safe house, I know who to call and things I need to evacuate with. I am also happy to meet the rest of our vulnerable members within our community, who knows, I might need their help or they might need my assistant in times of disaster or in any other time. I am willing to lend a hand.



Ms. Melemumui Teumohenga, an elderly widow with a physical impairment from Tu'anekevile community



Thankfully I am accepted, supported and included. This training has widened the eyes of the society to learn that persons of vulnerable groups are all equal and many times it's not the condition itself that makes us have a disability but it's the environment, the attitudes and bad action. Thank you TNCC for this training even I am old but the chance to participate really meant a lot to me, one of the last happiest day of my life.

Mr Pelea Tu'ivailala, an elderly man from Ha'ateihosi'I community

The protection risks and mitigation strategies identified in the 'pathway to inclusion' activity were used to inform updates to protection risks and responses in the community's VEMP, thus embedding measures to further strengthen the protective environment during times of disaster.

Post training workshop feedback from trainees provided evidence of a wide variety of benefits experienced by attendees. This extended beyond increased DRM and protection knowledge and

skills and extended to gaining increased confidence and a sense of belonging and importance as a result of their participation. A small sample of powerful trainee testimony grouped into similar themes is presented below.

Many trainees commented that this is the first time in their lives that they had been included in a training workshop.

“I grew up in this village and I have not once been invited to a Training or program that included PWDs or members of the most vulnerable groups in this community. I truly appreciate this program as it gave me an opportunity to enhance and improve my knowledge.”, Mr. Ue’ikaetau Muller, Matafonua community, Tongatapu

“This is the first time for me as a disable person to be invited and involved in Training like this. I am so grateful that participating and learning gave me the sense of belonging to our community. It’s something that I didn’t feel before. I also have the joy within me, knowing that our vulnerable groups will be considered in our Village Emergency Management Plan. ” Ms. ‘Anapesi Falesiu, person with disability from Pukotala, Ha’apai



“This is the first time I am invited to be a part of training or any activity since 2016, and being here meeting other people with disabilities and care gives just gives me joy and the feel of acceptance and belonging knowing that our existence is appreciated and recognized by this project. Issues addressed in this training are what we are currently facing in our communities “the reality” of us people living with disability being left behind. My situation is an example of that and this training is helping others understand our worth” Ms. Vika Fuapau, Housekeeper and person with disability from Ha’alaufuli, Vava’u



“This is the first time to attend in any training targeting the vulnerable group in my community. I felt something larger and the base of my support has grown significantly. The Town Officer and VEMC will add on to my list of people who will appreciate me and involved me in the community. This training is really important, received reliable, referable information, participation, inclusion, priority, security and many more issues that impact me a lot and the future as well for people like me.” Tahakaeafe Kaufana

People acknowledged their unintentional discrimination against people with disabilities.	
<p><i>“Attending this Training I realized that my attitude towards people with disability was not very religious because of the kind of language I used in labeling them. Although changing my behaviour will take some times but during the Training, I already started to change my mind and my attitude towards PWDs”, Ms. Talavao Foliaki, Widow from Matafonua, Tongatapu</i></p>	<p><i>“My husband is in a wheelchair and has hearing impairment as well; he would always have asked me to take him with me to the fono (village meeting) and other meetings in the community. I always tell him off to stay and asked him why he would want to attend anything since he cannot hear anything. Attending this training change my behavior towards my husband, after the first day of the training I was very emotional knowing that I, the closest person to my husband is the very person who discriminates him from wanting to be a part of our community, for wanting to be treated like everyone else.” Ms. Kalolaine Tu’ivailala, care giver of person with disability from Ha’afakahenga, Ha’apai</i></p>

Attendees learnt or acted on new DRR knowledge and skills.	
<p><i>“In addition, the first thing I did after the first day of our Training when I got home was calling my daughter in New Zealand to send school bags so I can start packing our 72hrs bag at home. She asks why? I told her it is important for us to have it in place especially during the cyclone season and make things easier for me as a widow.” Ms. Talavao Foliaki, Widow from Matafonua, Tongatapu</i></p>	<p><i>“I get scared whenever there is a cyclone warning. I now know more about cyclone warnings and understand cyclone category, it gives me hope and some kind of comfort and confidence knowing that not only I have time to get my things ready. But I have the Town Officer and the Village Emergency Management Committee to assist and help me in preparedness and evacuating to safe house if needed.” Ms. Malia Lafo’ou, widow from Ha’afakahenga, Ha’apai</i></p>

The community-level protective environment is strengthened through recognition of roles and responsibilities to provide care and protection.	
<p><i>“Inviting these people to attend this training really makes a difference by hearing their feedback of the training and sharing knowledge and experiences during training. These are the right audience for this training to build their capacity and confidence so when there is a future cyclone I am confident to say that these people will not only assist in preparedness but they will understand and accept when I and the village emergency lend a hand to assist them in before, during and after a disaster to save lives, time and resources” Mr. Sione Palu, Town Officer, Ha’afakahenga, Ha’apai</i></p>	<p><i>“I was able to identify the gaps in our responsibility as a care giver, a family member, a church member and as a community member. I really appreciate the chance to be part of this Training and it will help me with my role as a care giver to the PWDs and elderlies in our community.” Mr. Tevita Mahe Taufua, care giver of person with disability from Pukotala, Ha’apai</i></p>

Trainers also recognized the value of the innovative inclusive approach mainstreamed throughout the IDRIT program.

“This is a good Training package and great initiative to have Disability Inclusion Disaster Training for the community. We usually provide First Aid Trainings for youth and other target groups, but this is the first time for me to facilitate a First Aid Training for people with disability and the most vulnerable groups in the community”, Ms. Silongo Fasaki’eiki, First Aid Instructor, Tonga Red Cross Society

Whilst it is difficult to measure the tangible outcomes from the training workshops, the program’s key DPO representative reported that people with disability were now more aware of their role and no longer just waited for support from others. He reported that people with disability within the target communities were experiencing increased support from people in the communities and that there had been a positive change in attitude about people with disability as a result of the IDRIT project.

Church leaders’ attitudes towards people with disabilities have shifted to acknowledge their value and contributions. Church leaders better understand their roles and responsibilities in fostering disability inclusion and a stronger protective environment.

Workshops targeting church leaders demonstrated the power of collaboration and sharing experiences to create a stronger ‘protective environment’ for people with disability and vulnerable groups by using the power of the church to reshape norms and attitudes that influence the way people living with disability are treated. The activity successfully brought together leaders from different faiths and doctrines and through dialogue, they collectively identified three key existing barriers faced by people with disability:

1. Stigmatization and discrimination against PLWD: restricting their involvement and access to services and information.
2. Societal attitudes towards PLWD: cultural norms and standards
3. Inaccessibility of the physical surroundings: buildings, facilities, transportation, tools and education

Church leaders collectively developed actions to respond to these barriers by sharing examples of what various churches were already doing to address gaps to strengthen mechanisms within their own churches. Church leaders were able to identify their important community protection roles through the lens of pastoral care. Limited resources were reported to constrain the ability of churches to increase accessibility to church buildings, including those used as evacuation centers.

Church leaders attending the workshop acknowledged the important role and responsibility they have to keeping people with disabilities and vulnerable people safe. There was a commitment from church leaders to include people with disabilities and vulnerable groups in both community and churches activities. People with disability and vulnerable groups were acknowledged as having capacities and potential that had previously been ignored in favor of focusing on limitations and constraints. Common strategies and methods to address inclusion and enhance protection were shared to enable church leaders to implement measures when they return to their communities.

The Mormon Church were represented at the church leaders training workshops and they were reported to be constructing access ramps to their facilities and car parking spaces dedicated to people with disability. Beyond this, there was limited evidence of churches making their buildings more accessible independent of the three funded evacuation center upgrades (reported later in the

report). Leaders from 32 individual churches representing 11 faith groups did made verbal commitments to improve accessibility of all existing and new buildings. These modest commitments demonstrate a positive step towards providing a safer and more inclusive environment for people with disabilities.

A post-training survey completed by 83 church leaders provides evidence of the quality of training that was delivered. On a five-point scale all church leaders indicated they 'strongly agree' that:

- workshop objectives were clearly defined.
- participation and interactions were encouraged during the Training.
- topics covered were relevant to them.
- content was organized and easy to follow.
- distributed materials were helpful.
- Training experience will be useful in their work and family.
- trainer was knowledgeable about the Training's topics.
- trainer was well prepared.
- Training objectives were met.
- time allotted for the Training was sufficient.

Church leader reflections on the workshop provided evidence that change at the leadership level was achieved and that there was an expressed intent for church leaders to address stigma and exclusion within their communities. Longer-term monitoring is required to verify the extent that church leader actions support their verbal commitments.

"I have attended a lot of trainings on the same issues such as this one and they were run by other organisations and groups but I have to say that this was the best one so far. The training was approachable and the facilitators were so friendly and professional in what they do. Not only that, but the presence of the Church Leaders was excellent as they added on to some specific topics which made it clearer and understandable. This training has allowed me to write articles that are relevant to educational purposes because it is important to let everyone know the right actions towards people with disability. One of my plans is to install a ramp in our church and hall to make it easy for PWDs to walk in that pathway. I have heard the voices of disabilities and what they really want and it is important to look into it and make actions. " . is Ms. Lesley Sau, Church Youth Leader

"We were discussing a lot about the importance and significance of the Church and its roles in the three phases of the DRM (before, during and after disasters) and it's something that we need to have a look at and design programs for our Church members in particular as part of our preparation in general. The training also allowed other Church Leaders to come together into one platform and exchange ideas and experiences on how to protect the lives of our people", Rev. Mavae Tone from the Free Church of Tonga

Drama performances provoked and entertained community members to impart key messages of disability inclusion, protection and DRM

The 28 community-level drama performances delivered by the program's Kau He Lau drama group brought everyone in the community, including the elderly, schoolchildren and people with disability together. Demonstrating inclusion and the abilities of people with disability, the drama group included a person with disability who featured in the performance. The drama performances

invoked strong emotional responses from community members. The program's mid-term review found that the drama was a culturally appropriate and effective method for conveying key program messages on disability inclusion DRM and protection. Additional requests from target and non-target communities for the drama group to perform provides evidence that the drama was well received and of a high-quality given its intended purpose and audience.

Footage of the performances and testimony of the community members attending the drama were captured in a short video production. The testimony indicates that attendees learnt the key messages being shared through the drama:

- extent of existing exclusion and discrimination against people with disability
- importance of inclusion, especially in DRM structures such as the VEMC so that the needs of people with disability are reflected in DRM plans and action during disaster events.
- basic DRM knowledge of what to do before, during and after a disaster
- roles and responsibilities of VEMC and community members to care for and protect people with disability and other marginalized groups such as the homeless person featured in one of the drama performances.



Figure 10. Kau He Lau Inclusiveness video production (https://youtu.be/rKVBDaQ_Pd8)

The drama performances addressed protection related issues in times of disaster and contributed to attitudinal changes toward long-held prejudices, injustices, and inappropriate behaviors towards people with disabilities and other most vulnerable groups in the participants' own community.



Figure 11. 'Homeless person' drama performance at Felemea, Ha'apai

Post performance feedback from 16 people (7 men, 9 women) indicated the drama had created awareness around key thematic areas listed above. A small sample of feedback is reproduced below.⁶

<p><i>"We usually left people with disability at home and didn't include them in the community or church activities because we think they can't be able to do anything. We didn't see their potential and what they can do to contribute to our island as a whole. We should include them in our activities and not left them out. ... It's our responsibility to work together with the PWDs or the most vulnerable groups in order to be well prepared at all areas of life and especially to looming disasters" Name: Rev. Taufu Manu, Village: 'Otea, Vava'u, Position: FWC Minister</i></p>	<p><i>"The messages you shared are very positive messages and they are really helpful. We must show our respect, love and care for people with disability. We don't have to look down on them but to appreciate, accept, include and cherish them while they are with us. We also have to make use of their capacities and potentials. They are not to be left out but include them.", Name: Rev. Havili Sefesi Village: Neiafu, Vava'u Position: City Impact Church Minister</i></p>
<p><i>"the highlight of the program, was the need for us people to change our attitude towards people with disability. We don't have to look down on them but to treat them like as everyone else in the community. It is the most important thing for us to do, is to love and care for the PWDs" Name: Ms. Sita Tu'a Village: Talau, Vava'u Position: Member of City Impact Church</i></p>	<p><i>"The message was simple and clear and that is to love and take good care of the PWDs and the most vulnerable groups in our community. We don't have to look down on them or discriminate them from our community activities etc. They must be accepted and included." Name: Mr. Taipaleti Vave Village: Ha'afakahenga, Ha'apai Position: Male Youth</i></p>

⁶ Source: Drama Group Trips Report To Vava'u & Ha'apai November - December, 2020 Produced April 2021

<p><i>“One thing I love about tonight’s program as it brings all the people to one place and the Drama Group taught us lessons in different areas such as preparing for disasters and how to treat PWDs in an acceptable manner and help them before, during and after disasters.”</i> <i>Name: Mrs. Uinikeiti Fono Age: 43 Village: Holopeka, Ha’apai Position: Wife of the Town Officer</i></p>	<p><i>“Emotion – tears, laughter and smiles bring good memories of the drama attendance. The goal of the drama hit the target and touches the heart of communities.” (Male youth, Ha’apai)</i></p>
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The Kau He Lau drama group that was recruited and trained for the IDRIT program has also delivered value for money through reuse in other BHA funded programs such as the HTHH Disaster response Project (2022).

Community capacity in proposal writing was built, but this alone was typically insufficient to deliver positive outcomes from community-led successful grant applications.

Training in proposal writing built community-level capacity in how to design and plan a project and capture these elements in a project proposal template. Feedback from trainees was positive and they acknowledged the opportunity created by being able to work together as a community to develop their own project proposals. An internal program MTR found that proposal writing training delivered was effective in teaching the basic skills of how to write a proposal and that trainees gained confidence in this area. Disability inclusion considerations were embedded in the training to ensure that the needs of people with disability and marginalized groups are captured and considered.

<p><i>“To practice our acquired knowledge and skills from the Training will be challenging for us, but we are happy to do so as it will be able to help us gain more knowledge and skills and especially experience in writing proposal.”</i> <i>(Female participant from Ha’apai.)</i></p>	<p><i>“The most important part was the idea of including everyone including people with disability in the whole process and making sure that their needs will be addressed with the work of everyone involved. We have a lot of priority needs and have been there the whole time, but to include the needs of the people with disability and to be our first priority to look at, is something new but very important to fulfill.”</i> <i>(Male participant, Vava’u)</i></p>
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Both the MTR and trainee feedback acknowledged the difficulties experienced by trainees in applying the newly acquired skills to apply for grants. Many remote communities lack access to laptops and internet making proposal development more challenging. There was also found to be limited grant funding opportunities and community members often lacked awareness of what grant funding was available. Despite these limitations, there was evidence that people attending proposal writing training had independently developed and submitted project proposals that were successful in obtaining funding. The training provided is understood to have contributed towards the successful applications in a numbers of instances outlined below:

- Tu’anekeviale, Vava’u – TOP \$4,800 from Tonga Health (with the support of AusAID) for the village Women’s Group to purchased cooking and catering equipment. The group also

received TOP \$2,000 value in vegetable seedlings from the Ministry of Internal Affairs (supported by AusAID)

- Ta'anea, Vava'u – Men's and Women's Groups were successful in receiving fencing wire for their pig fences, vegetable seedlings, water tanks (TOP \$20,000) and a water pump (TOP \$30,000). From MORDI Tonga.
- Vaimaloo, Vava'u – Received vegetable seedlings and fencing materials from MORDI for their community fences to protect their plantations from being damaged by pigs and other animals.
- Ha'alaufuli, Vava'u – Received materials for their community fences to protect their plantations from being damaged by pigs and other animals.
- Holeva, Vava'u – TOP \$6,000 from the Tonga National Youth Congress for household and community rubbish bins. They received chairs and tables from the Ministry of Internal Affairs for their community hall. A solar water pump system was also secured from the Japan International Cooperation Agency (JICA)
- 'Uiha, Ha'apai – TOP \$5,000 from the Ministry of Internal Affairs for gardening tools to support lo'akau (pandanus) production for weaving. Cooking equipment and sewing machines were also received.
- Pukotala, Ha'apai - \$6,000 from Tonga Health for equipment to help keep the environment clean. They also received water pump (TOP \$12,000). Grant applications submitted to secure these items were written by the participants in IDRIT proposal writing training.

To increase success in this area, future projects need to provide more deliberate and dedicated follow-up support to trainees to help them identify and apply for grant funding opportunities.

Advocacy activities have started to shift behaviours and attitudes towards people with disability

Findings from the program's MTR found that the cumulative results of advocacy and training in disability inclusion has resulted in community members changing their language and terminology when referring to people with disability. For example, instead of referring to people based on their impairment 'Blind Saia' or 'Deaf Vili', people are using their proper name. Whilst there are some positive outcomes reported on disability inclusion, the program's MTR also highlighted that there were some ongoing negative practices such as exclusion and neglect of people with disability within communities. This highlights the difficulty in shifting attitudes and behaviors in a relatively short period of time through a number of discrete engagements.

Three evacuation centers were made more accessible

The program improved the accessibility of three evacuation centers in Ha'ano (Ha'apai), Toula and Longomapu (Vava'u). A summary of improvement works completed at each center includes:

- Main entrance access ramp built
- Accessible toilet installed
- Separate sleeping or privacy room

A solar powered lighting system was also installed at the evacuation center in Ha'ano to reduce reliance on diesel powered electricity generation. These upgrades combined with an improved understanding of protection roles and responsibilities (documented in VEMPs) will increase the likelihood that people with disabilities and vulnerable groups will evacuate to these centers during future disaster events.

Celebratory re-opening events were held at each center with TNCC staff, community members and government dignitaries. These events created publicity in the media assisted to spread the program's key messages about the importance of disability inclusion to a larger audience.

TNCC's innovative disability inclusive DRM approach in the Pacific was recognized and shared

Presentations given by TNCC at the Pacific Church Leaders Development Conference created a lot of interest amongst Pacific church leaders with the program being recognized as innovative and leading in its combined focus on disability inclusion and DRM. An opportunity exists for a case study featuring the approach and key underlying strategies to be developed and shared through this and other networks to encourage other churches and civil society organizations working with churches to adopt and replicate the approach.

Unexpected results

The program team identified a small number of unintended outcomes that were not closely aligned to the program objectives:

- The program evaluation found that caregivers used skills learnt in the project trainings to improve family relationships. It was common to hear about how they were no longer violent towards vulnerable family members in their care.
- TNCC's close working relationship with NEMO was strengthened through their ongoing inclusion in program activities. As a result, MEIDECC has a new appreciation for TNCC's expertise in CbDRM.
- Some protection issues identified during the delivery of program activities were referred to DPOs for follow-up investigation and support.
- Community response to an increased awareness of the needs of people with disability and vulnerable community members included community-led fundraising through Kava Tonga Clubs and community concerts.

Participation of and Accountability to Affected Population

The IDRIT project design was informed by a consultative process with AfP, TNCC, NEMO and other DRM stakeholders in Tonga. Lessons learnt and recommendations from an end of program evaluation of a previous CbDRM related program were also incorporated into the design to reflect views and opinions of community members. A DPO representative was also involved in the design and delivery of program activities. At the end of program delivery, they indicated that the program made reasonable accommodations to facilitate the inclusion of people with disability. Reasonable accommodation measures implemented included the provision of transport money, food and the use of appropriate training resources and accessible language to deliver training. Accessible training venues were selected where possible, but as outlined in the Risk Management section, there were often no accessible venues available within communities.

TNCC facilitated community consultations in a manner that invited feedback discussion from all groups of the community, including women, youth and people with disability. Specific needs of people with disabilities (and carer givers) were discussed during workshops and planning meetings.

TNCC put in place culturally appropriate complaints and feedback mechanisms to maximize accountability towards affected populations. Measures put in place included:

- Complaints handling mechanism is discussed during initial consultations and a complaints form is handed to communities.
- Using VEMC Chairperson and deputy chairperson, or Town Officer and church leaders, as conduits between community members with complaints and TNCC. TNCC checked in with community stakeholders on a monthly basis via telephone. These meetings presented an opportunity for the two-way of exchange of activity progress, issues and grievances. Community stakeholders have the option to report serious complaints of sexual exploitation or abuse directly to authorities such as the Police.
- Grievances can be raised directly with TNCC staff during their visits to communities.
- Quality in country monitoring field visits by AfP and BHA provided another opportunity for affected communities to raise concerns directly with the lead contract holder and funding organization.

Initial community consultations made affected communities aware of these mechanisms and opportunities to raise grievances. These initial and follow-up consultations were also critical in clearly outlining the intention of planned interventions and gaining community consent and buy-in to deliver the intervention. During community consultation meetings and workshops, TNCC promoted messages of community cohesion and avoiding behavior that can cause violence, coercion and exploitation.

During the implementation period, the project received no official or informal complaints from affected populations. All feedback received from post-intervention monitoring was positive and this is reflected in comments collected on feedback forms and during verbal exchanges with TNCC staff. A sample of this feedback is presented below.

“I really enjoyed the training and appreciated that we made it successful. By giving us a chance to participate is rare, thank you TNCC and the generous supporting fund from US Aid for making it happen”, Kepueli ‘Alofi, an elderly man from ‘Uihacomunity

“The inclusion of the most vulnerable group to participate in this training gave me a courage to love and care for people with disability and elderlies. I received a beneficial knowledge on, disaster preparedness, Disaster cycle and the management of E.C and protection. Thank you TNCC and USAid. Malo ‘aupito and ‘ofaatu”, Folau Tamale

If complaints are received, current TNCC operating procedures require their official documentation and sharing with the TNCC General Secretary for processing.

Risk Management

The project documented and tracked risks and mitigation measures through a Risk Management Matrix (RMM) which was created during the project design and updated monthly during implementation. Mitigation measures for High or Extreme risks were implemented to reduce the risk rating. Mitigation measures implemented were found to be effective at reducing risks. For example, the development of a clear budget aligned to resourced in the grant agreement helped ensure there was sufficient funds to complete project activities. After the application of risk mitigation measures, the matrix contained no severe risks and only four high-level risk related to the potential for natural disasters to impact project delivery.

The plan was comprehensive and included many Social Safeguarding risks and appropriate mitigation measures. COVID-19 related risks were also added to the plan during implementation which provides evidence that the plan was being tracked and updated.

The project did not encounter any loss of donor-funded equipment or commodities and this reflects the nature of the program design which did not seek to preposition or distribute commodities. There were no reported deaths, injuries or near miss incidents.

Coordination

IDRIT facilitated opportunities for community and stakeholders to work together to achieve project objectives. For example, TNCC successfully worked with the Tonga Red Cross, NEMO, MIA, Tonga Meteorological Service (MET), emergency services and the Army. These stakeholders appreciated the opportunity to work with TNCC and help them fulfil their own specific mandates.

Coordination with other programs such as AfP and TNCC's HTHH disaster response also saw the sharing of program assets such as the Kau He Lau drama group who provided psychosocial support services as part of the HTHH disaster response. The IDRIT program team also coordinated their activities with TNCC's HTHH disaster response activities that targeted 13 of the same communities benefiting from IDRIT.

Lessons Learned and recommendations

An internal mid-term reflection (May 2021) and end of project reflection (December 2022) were held to document achievements and what worked well in addition to identifying lessons to improve future delivery and future programs. The final program evaluation report was also reviewed to inform lessons and a set of recommendations that respond to what worked well and lessons learned. These lessons and relevant recommendations are presented in the Table 2 below.

Table 2. Lessons learned and recommendations

Lesson	Recommendation
Design	
<p>The program design included a large number of interventions to be delivered to a large number of communities. In hindsight, the programming was too ambitious for the existing TNCC staffing and project timeframe.</p> <p>Resourcing pressures were increased when IDRIT program staff were also allocated to delivery the TNCC's HTHH response.</p>	<p>Future programming and activity timing need to consider local delivery capacity and the impacts of risks inherent with delivering projects in Tonga (e.g. risk of natural disasters).</p> <p>Additional resources should be contracted or hired where required to respond to increased programming.</p>
<p>Bad weather delayed and interrupted planned program activities. The risk of these delays and interruptions could be reduced if program activities requiring travel are scheduled outside of Tonga's cyclone season.</p>	
Monitoring and reporting	
<p>Collecting post-activity monitoring data from remote communities is costly, challenging and time consuming. For example, the collection of data to demonstrate new knowledge and skills had been retained two or more months after training, was difficult to capture due to the remoteness of target communities, resource and cost constraints.</p>	<p>Future programs may need to set more realistic expectations in post-intervention monitoring and set aside additional budget and resourcing, possibly supported by mobile phone data collection technology for added efficiency. Future programs need a dedicated M&E officer to support data collection work.</p>
<p>Whilst the Monitoring and Evaluation M&E Plan complied with USAID requirements, the addition of more qualitative monitoring and evaluation questions would better link the delivery of outputs to obtainment of objectives and enable better reporting.</p>	<p>Future M&E Plans to include more emphasis on reporting the quality of output delivery and progress towards program outcomes and objectives.</p>
<p>An opportunity to improve the level of detail and timeliness of reporting from TNCC to AfP was identified. Timely detailed reporting would result in the reduced need for reminders and requests for additional details from AfP.</p>	<p>TNCC to better plan for and allocate resources towards the delivery of timely progress reports</p>
Staffing, roles and responsibilities	
<p>The TNCC IDRIT team demonstrated good teamwork, however, there were times when roles and responsibilities of staff to undertake planning, reporting and decision-making could have been clearer. This extra clarity may avoid staff being asked to play too many simultaneous roles which made it challenging to fulfil their duties.</p>	<p>Roles and responsibilities of staff to be clarified with emphasis on avoiding overloading staff with too many simultaneous roles.</p>

Lesson	Recommendation
Disability inclusion challenges	
Carer and family members attitudes towards people with disability within their care sometimes resulted in people with disability not attending training.	Disability inclusive programs should continue to reach out to carers and families with people with disability and advocate for their inclusion in activities. Identifying concerns, fears, and beliefs that form barriers to participation may be a necessary first step to overcoming those barriers.
Some people with disability found attending full-day training over consecutive days tiring and uncomfortable.	Consult with DPOs, people with disability and their carers to adjust training workshop duration and delivery schedule and modality to be more accommodating of special needs. This may require including longer rest breaks and breaking training down into ½ day blocks over a longer period of time. Revisit traditional approaches to capacity building focused on the delivery of centralized community workshops. Pilot new approaches.
Where caregivers attended targeted disability inclusion training, they found it difficult to concentrate on workshop activities because they had often had to leave the person they were caring for at home which created risks and worry for them. Carers sometimes had to take breaks during training to attend to the person under their care. These scenarios highlight the reality and difficulty of deliberate and effective programming targeting people with disability or their carers.	
Exploring topics such as disability services where there are large unmet needs will likely result in additional needs and requirements that the program cannot address being identified during delivery. E.g. Request from people for disability for assistive devices such as wheelchairs.	Continue to set realistic expectations for beneficiaries of what the program can and cannot deliver
Proposal writing	
Providing training alone was insufficient to generate community-led successful grant funding applications.	Future programs seeking to build capacity in proposal writing should provide more deliberate and dedicated follow-up support to trainees to help them apply for grant funding opportunities.
Replication	
AfP and TNCC have demonstrated an innovative disability inclusive DRM and protection focused program that could be replicated by other Pacific Island church organizations and faith-based civil society organizations.	AfP and TNCC to develop a case study featuring the broad IDRIT approach, strategies, lessons and recommendations for future improvement.

Best practices

The MTR, program reflections and program evaluation identified a number of better and best practices that should be continued in future programs. These are often enabling factors that are in part responsible for the success of the program:

- Program design and TNCC's implementation approach demonstrates strong inclusion principles which encouraged and facilitated the participation of people with disability and marginalized groups.
- Strategies to achieve the program objectives included a mix of strategies that engaged people through their emotions (e.g. drama performances) and educated people through practical activities (simulations) whilst also providing the necessary theory and background concepts to support positive behavior change in both protection and inclusion objectives
- The program worked through existing local community committee structures consistent with national governmental approaches.
- Joint delivery with government and civil society partner organizations leverages strengths and expertise and enabled the program to deliver value and activities beyond the direct capability present within TNCC.
- TNCC's consultative and collaborative approach with communities; Strong support from the Town Officers; Strong support as well from Tongan Government Ministries and Departments. For example the Town & District Officers unit of the Prime Minister's Office provided their support to the project and encouraged Town Officers to cooperate and support the proposed activities
- The partnership and partnership approach between TNCC and AfP was valued and helped build necessary capacity within TNCC with additional support provided when required.
- TNCC's existing and strengthened relationship with NEMO and other partners facilitated cost sharing and helped overcome inter-island transport and logistics barriers that would have otherwise delayed activities.

It is **recommended** that future programs reflect upon these best and better practices and attempt to include them in their design and delivery.

Transition or Exit Strategy

Following best practices, the program supported nationally endorsed DRM approaches and aligned itself with existing local community governance structures led by Town Officers. The increased effectiveness of strengthened VEMCs are likely to persist for a number of years before committee turn-over and attrition will require further investment in capacity development. Church leader's increased understanding of their roles and responsibilities in promoting inclusion, DRM and protection was anticipated to persist for a much longer period of time as a result of increased ownership and support for the program objectives by church leaders.

The building of capacity of DPOs through engagement in the program design and delivery of program activities has strengthened their overall position and public profile. This increased capacity and profile creates opportunities for their engagement in future development work to further promote disability inclusion across multiple thematic areas, including DRM and protection. In some cases, connecting people with disability to government services (e.g. disability pension) will aid in sustained assistance being provided to people with disability from remote communities.

Whilst NEMO retains responsibility for ongoing community-level DRM support, the reality is that the organization is underfunded to fulfill this mandate and that additional external investment from

donors and development partners will be needed to ensure that the gains made by IDRIT are not eroded over time. It is hoped that TNCC's next inclusion and DRM focused program 'Kau He Lau – No-one left behind (enhanced disaster resilience for all)' will go some way to sustaining gains made and expanding the reach of benefits to new communities.

Conclusion

The program's built the capacity of 27 vulnerable communities to better prepare for and respond to disaster events. Improvements in community-level preparedness and response capabilities combined with some upgrades to evacuation center infrastructure will reduce the impact of disasters on affected populations. The mainstreaming of disability inclusion in activities affecting communities and church leaders has strengthened the overall protective environment for marginalized groups within communities. The more organized and coordinated response to the HTHH disaster from communities benefiting from IDRIT is evidence that the program strategies work and that similar intervention approaches could be considered in future disaster response operations led by AfP and TNCC in Tonga.

Annex

Annex 1. Summary of beneficiary data from program activities

This annex presents a summary of gender segregated beneficiary data from program activities. The data reflects aggregated totals reported by TNCC in their program activity database.

Table 3. Activity delivery and beneficiary attendance rates for each major type of activity.

Program activities	Number of activities	Total Male	Total Female	Total Beneficiaries	Number of people with disability
6.1 Evacuation Centre accessibility audits and renovations	19 audits 3 renovations	55	57	112	4
8. 2. Training resource update and creation	1	11	8	19	1
8.1. Develop Social and Behavioural Change Communication Strategy	32	357	492	849	17
8.12. Drama performances	24	1,585	1,853	3,438	49
8.13. Proposal writing training and Proposal review service	4	41	37	78	0
8.3. Map protection referral services	1	7	14	21	4
8.4.1 Finance and administration capacity building	1	3	3	6	0
8.4.2 Protection Training of Trainers (ToT)	1	5	3	8	1
8.4.3 Disability Inclusion ToT	1	7	3	10	1
8.4.4 Gender-based violence ToT	1	4	3	7	1
8.4.4 Project monitoring training	1	3	3	6	0
8.4.5 Social and Behaviour Change Training	1	6	3	9	1
8.5. CBDRM refresher, CbP and disability inclusion training for VEMCs	27	161	208	369	54
8.6. Disability Inclusive CBDRM, First Aid and CbP training for small group of vulnerable community members	27	166	371	537	146
8.7. Refresher Disability Inclusion CPDRM, CBP and First Aid Training & Simulation exercise.	27	896	1129	2025	69
8.8. Protection training for Church leaders at the national-level	3	55	28	83	4
8.9. Leverage church conferences to spread further awareness	2	80	7	87	2
Grand Total (may include the double counting of people across activities)	157	3,442	4,222	7,664	354

Annex 2. IDRIT Indicator tracking table

Table 4 documents the baseline, target and final Life of the Award value for indicators in the project’s MEL Plan. Data sources (*in italic font*) and comments about the attainment or non-attainment of indicator targets are also made. The number of people with disability (PWD) benefiting are also reported where possible.

Table 4. Indicator tracking table.

Sector: Protection								
Sub-Sector: Protection coordination, advocacy, and information								
Indicator	Baseline	Target	Life of Award / Endline				Target Status (Achieved, Exceeded, Not met, Unsure)	Data Source and Comments
			Total	Male	Female	PWD		
<i>Number of individuals trained in protection (disaggregated by sex and USAID age groupings and island group)</i>	0	310	1,084	467	617	207	Exceeded	<i>Training attendance record</i> Total exceeded by 774 people. Main reason target exceeded was higher than anticipated attendance of at Activity 8.6 - Disability Inclusive CBDRM, First Aid and CbP. Total is the aggregate of project activities listed below that all link to training in protection
<i>Number of church leaders trained in protection (disaggregated by sex and USAID age groupings and island group)</i>	0	30	81	65	16	0	Exceeded	<i>Training attendance record</i> Total exceeded by 51 people due to high attendance rate at national church leader workshop. Total is aggregation of data reported in progress reports to USAID. Some minor adjustments were made to the data after close inspection of attendance lists - noting not all people attending church training works were church members.
<i>Number of communities with updated VEMP, including measures that prevent, mitigate and respond to protection risks</i>		27	27 (13 in Vava'u, 14 in Ha'apai, 1 in Tongatapu)				Achieved	<i>VEMP</i> VEMPs in all target communities were updated to better respond to protection risks
Sector: Risk Management Policy and Practice								
Sub-Sector: Capacity Building and Training								

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Indicator	Baseline	Target	Life of Award / Endline				Target Status (Achieved, Exceeded, Not met, Unsure)	Data Source and Comments
			Total	Male	Female	PWD		
<i>Number of people trained in disaster preparedness, risk reduction and management disaggregated by sex, age and island group</i>	0	405	1,740	670	1,070	385	Exceeded	<i>Training attendance record</i> Target exceeded by 1335 people. Total value is the aggregation of attendance in CBDRM training as reported in progress reports to USAID with breakdown from each training listed in rows below. Assumptions were made to disaggregate age data.
Number of people passing final exams or receiving certificates	0	881	982	380	602	184	Exceeded	<i>Training attendance record (first aid, search & rescue)</i> Target exceeded by 101 people. Total value aggregated based on progress reports to USAID with breakdown below. Assumptions made to disaggregate by age and People with disability.
<i>Percentage of people trained who retain skills and knowledge after two months disaggregated by sex, age and island group</i>		90%	0				Unsure	<i>Results from knowledge and skills test</i> Whilst retention was not formally tested, independent summative project evaluation found that discussion and feedback from the project team indicated good evidence of lasting retention of knowledge and skills. Whilst the indicator cannot be quantified, the percentage of people regaining skills and knowledge is estimated to be less than 90% of participants.
<i>Number of people trained in First Aid, Search and Rescue, or health related Disaster Risk Reduction activities disaggregated by sex</i>	0	405	593	257	336	134	Exceeded	<i>Training attendance record</i> Target exceeded by 188 people
<i>Number of Church leaders trained in disability inclusion disaggregated by sex, age and island group</i>	0	30	81	58	23	0	Exceeded	<i>Training attendance record</i> Target exceeded by 51 people. The new LOA value presented in this table is 23 less than the LOA value previously reported to BHA to reflect that 23 non-church leaders attended national church leaders consultations.
<i>Number of Church buildings upgraded to be more accessible for elderly and people living with disabilities</i>	0	3	3				Achieved	Church buildings upgrades in Toula & Longomapu (Vava'u) and Ha'ano, (Ha'apai) completed to be more accessible.

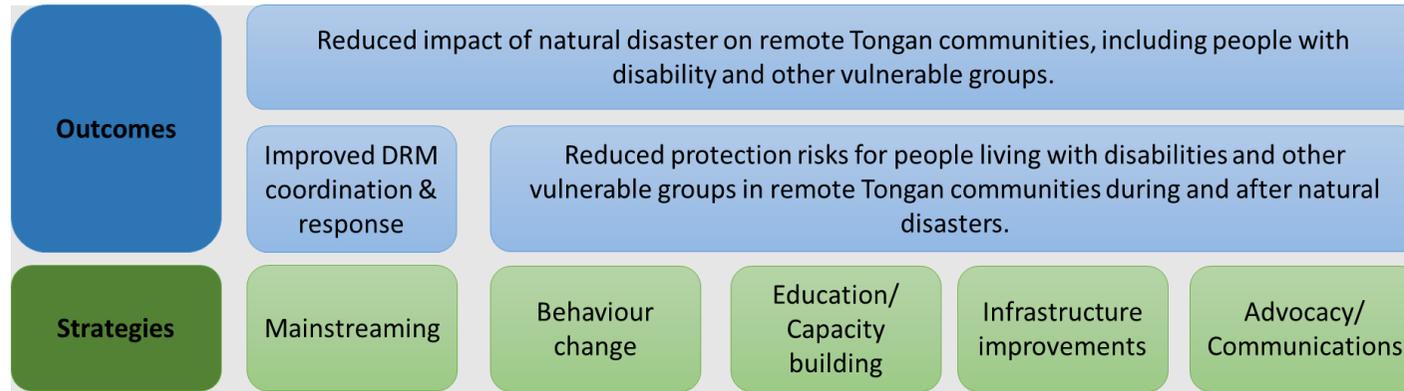
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Indicator	Baseline	Target	Life of Award / Endline				Target Status (Achieved, Exceeded, Not met, Unsure)	Data Source and Comments
			Total	Male	Female	PWD		
Number of Church organisations that make a commitment for new Church buildings to be disability inclusive disaggregated by religious denomination	0	3	11				Exceeded	Desktop review. 11 churches have agreed in principal to improve accessibility of their church owned buildings. Source: Third progress report to USAID. List of church organisations include: Anglican Church, Assembly of God, Bahai Church, Catholic Church, City Impact Church, Constitutional Church of Tonga, Free Wesleyan Church, Jesus Christ of Later Day Saints Church, Mo'ui Fo'ou Fellowship, Seventh Day Adventist Church, Tokaikolo Church
Number of VEMPs updated with revised VEMC membership and VEMC roles by island group.	0	27	27 (13 in Vava'u, 14 in Ha'apai, 1 in Tongatapu)				Achieved	VEMP All 27 VEMPs from target communities were updated with revised VEMC membership and roles.
Number of VEMCs that contain one or more people with a disability or person representing people with disabilities in the community disaggregated by island group.	0	27	27 (13 in Vava'u, 14 in Ha'apai, 1 in Tongatapu)				Achieved	VEMP All 27 VEMCs had one or more people with disability, or a representative/carer (in the case of Ta'anea) included in the committee.
Total Unique Beneficiaries	0	8,476 (4,365 men, 4,111 women)	8,476	4,365	4,111		Achieved	2016 Tonga Statistics Department census data The baseline community population data collected during the program design phase (2019) is assumed to remain relatively unchanged in 2020 when the program started. Tonga 2021 Census data indicates that IDRIT target community population numbers have dropped to approximately 7,936 people and this decrease may reflect outward migration, the impact of labour mobility (seasonal worker programs) and urbanisation (people moving to larger regional towns).
Total Number of Internally Displaced Persons (IDP) (Individuals) as a subset of total beneficiaries	0	0	0				Achieved	

Annex 3 Program Logic

Figures 12 to 15 below document the program logic used to guide the program design.

Figure 12. IDRIT Program logic – Overview



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Figure 13. IDRIT Program logic - Church and national-level

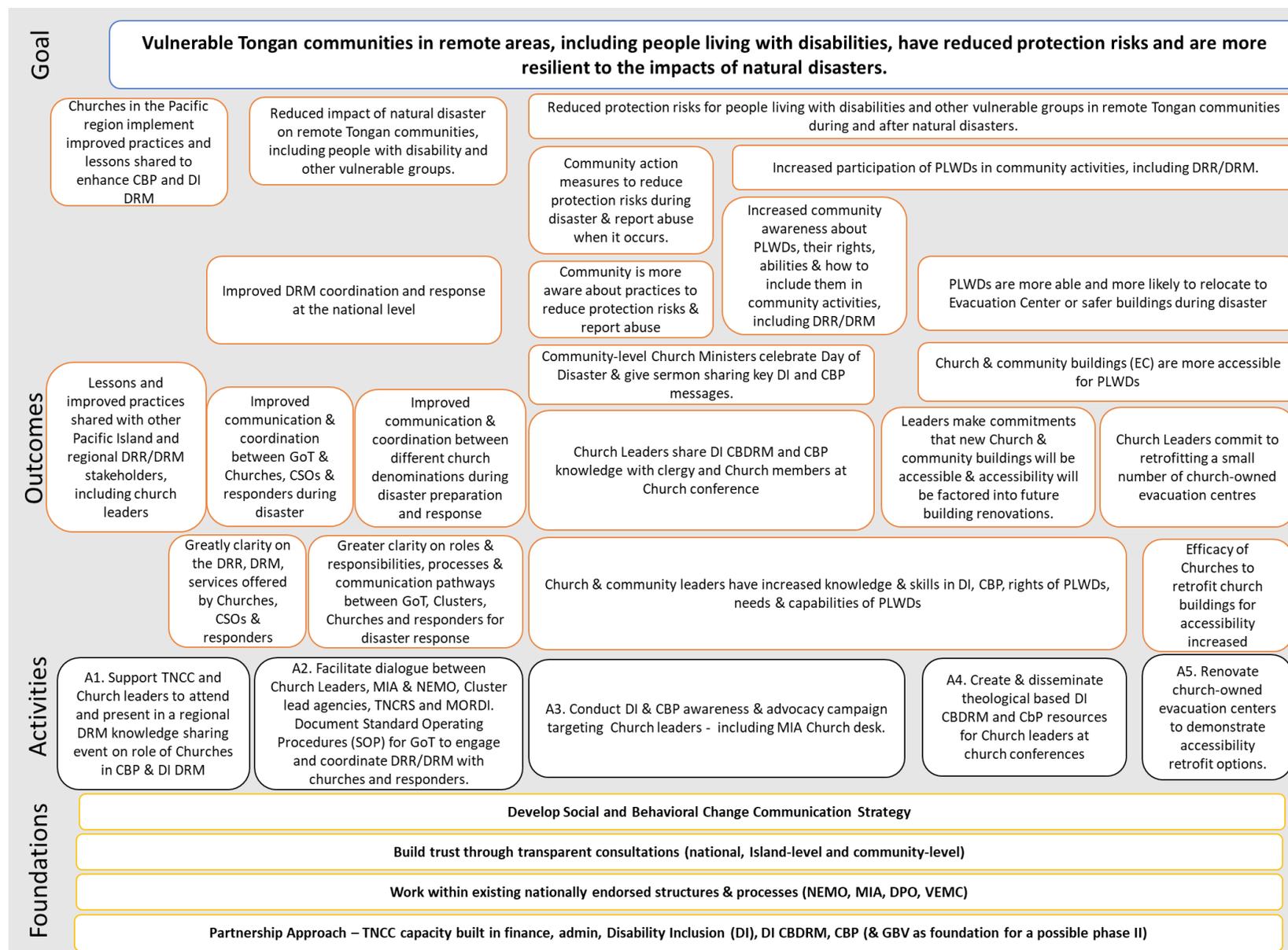


Figure 14. IDRIT Program logic – Community-level

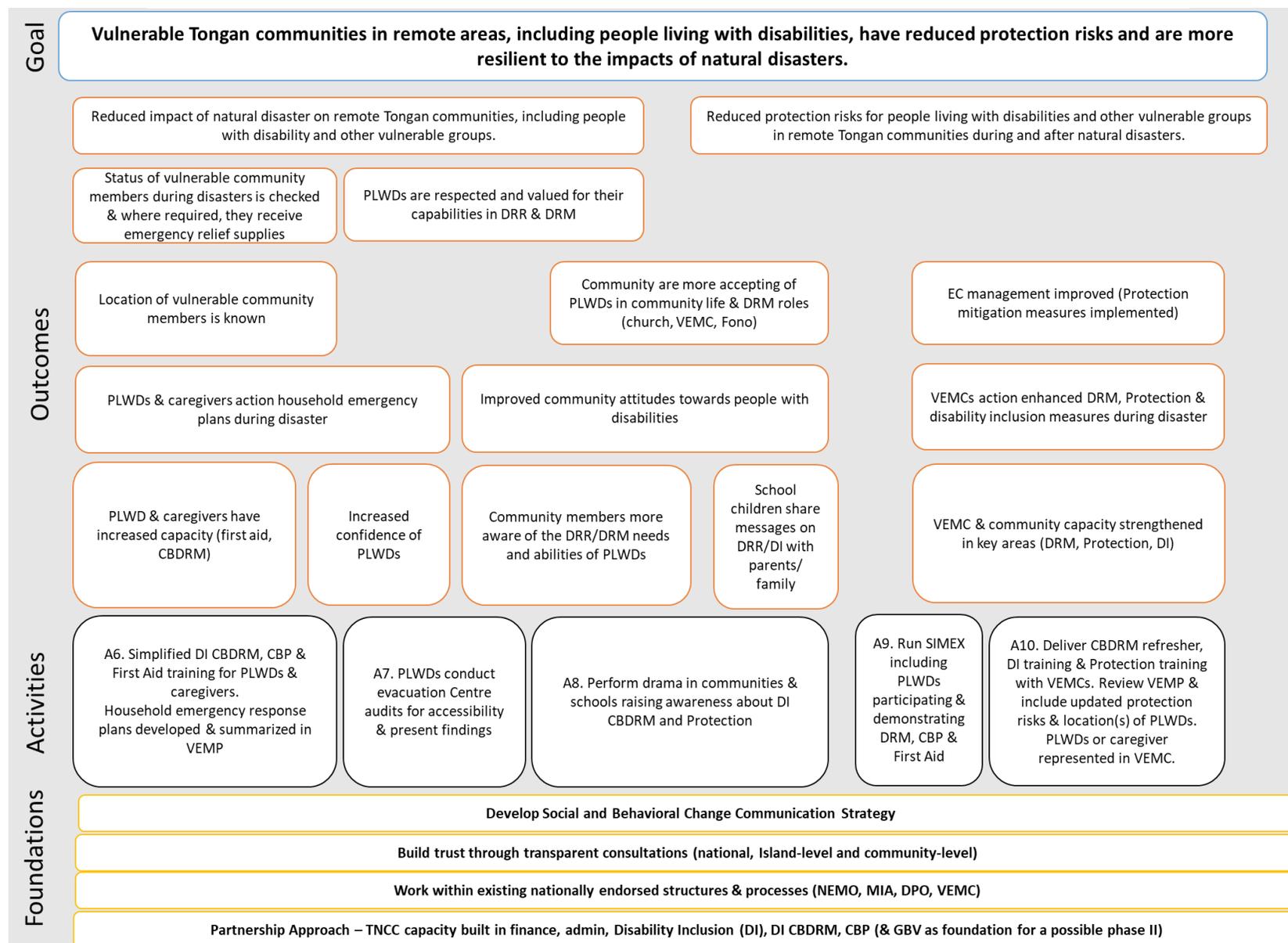


Figure 15. IDRIT Program logic – Best practices and DRR

