

SECRETARY-GENERAL'S PEACEBUILDING FUND PROJECT DOCUMENT TEMPLATE



PBF PROJECT DOCUMENT

Country(ies): Papua New Guinea	
Project Title: Gender transformative psychosocial support for peace and community resilience in Hela Province, Papua New Guinea (PNG)	
Project Number from MPTF-O Gateway (if existing project): <u>00130034</u>	
PBF project modality: <input checked="" type="checkbox"/> IRF <input type="checkbox"/> PRF	If funding is disbursed into a national or regional trust fund (instead of into individual recipient agency accounts): <input type="checkbox"/> Country Trust Fund <input type="checkbox"/> Regional Trust Fund Name of Recipient Fund:
List all direct project recipient organizations (starting with Convening Agency), followed by type of organization (UN, CSO etc.): UN Women, UNFPA List additional implementing partners, specify the type of organization (Government, INGO, local CSO): The Catholic Diocese of Mendi, community-based organizations (based on UN partner selection process)	
Project Start Date: 10 January 2022 Project duration in months¹: 18 months + NCE additional 9 months = a total of 27 months with a new end date of 6 April 2024 Geographic zones (within the country) for project implementation: Tari District, Hela Province	
Does the project fall under one or more of the specific PBF priority windows below: <input checked="" type="checkbox"/> Gender promotion initiative ² <input type="checkbox"/> Youth promotion initiative ³ <input type="checkbox"/> Transition from UN or regional peacekeeping or special political missions <input type="checkbox"/> Cross-border or regional project	
Total PBF approved project budget* (by recipient organization): UN Women: \$ 741,371.11 UNFPA: \$ 758,628.89 XXXX: \$ 1,500,000 Total:	

¹ Maximum project duration for IRF projects is 18 months, for PRF projects – 36 months.

² Check this box only if the project was approved under PBF's special call for proposals, the Gender Promotion Initiative

³ Check this box only if the project was approved under PBF's special call for proposals, the Youth Promotion Initiative

**The overall approved budget and the release of the second and any subsequent tranche are conditional and subject to PBSO's approval and subject to availability of funds in the PBF account. For payment of second and subsequent tranches the Coordinating agency needs to demonstrate expenditure/commitment of at least 75% of the previous tranche and provision of any PBF reports due in the period elapsed.*

Any other existing funding for the project (amount and source):

PBF 1st tranche (_ %): UN Women: \$ 518,959.78 UNFPA: \$ 531,040.22 Total: 1,050,000	PBF 2nd tranche* (_ %): UN Women: \$ 222,411.33 UNFPA: \$ 227,588.68 Total: 450,000	PBF 3rd tranche* (_ %): XXXX: \$ XXXXXX XXXX: \$ XXXXXX XXXX: \$ XXXXXX Total:
<p>Provide a brief project description (describe the main project goal; do not list outcomes and outputs): The project will address conflict-related trauma amongst men, women and youth as part of peacebuilding and conflict prevention efforts. The project aims to address the underlying causes of conflict responsible for the cycle of inter-group violence, and resultant conflict-related trauma, in Hela province by providing mental health and psychosocial support (MHPSS) to women, men and young men and women.</p>		
<p>Summarize the in-country project consultation process prior to submission to PBSO, including with the PBF Steering Committee, civil society (including any women, young men and young women organizations) and stakeholder communities (including women, youth and marginalized groups): Initial consultations with service and community-service providers were held in the development of the concept note to ensure the strong linkages to the overall peacebuilding and conflict prevention efforts in PNG. MHPSS service mapping was completed during the development of the proposal. Consultations were held with service providers, community leaders as well as provincial authorities during proposal development, including seeking feedback to inform the design of the interventions. This included key informant interviews with health providers, provincial authorities, CSOs, community and religious leaders and community mobilisers involved in prior peacebuilding programming. UNFPA consulted with UNICEF and WHO as key agencies operating in the MHPSS space to ensure the programme draws on lesson learned and is complementary. Women and adolescent girls and boys who engage in the Learning and Empowerment Centre and Women and Girls Safe Spaces in Tari were also consulted in the project design through focus group discussions. These spaces are similarly utilised in this project as sites for interventions. Meetings were held with UNDP and IOM to ensure synergies between the two GYPI proposals and existing work under the Creating Conditions for Peace programme. The Department of National Planning responsible for aid coordination was also engaged and signed off the programme proposal on behalf of government.</p>		
<p>Project Gender Marker score⁴: 3; 95.28% or \$1,429,190.20 of the total \$1,500,000 budget allocated to advancing gender equality and women's empowerment.</p> <p>Briefly explain through which major intervention(s) the project will contribute to gender</p>		

⁴ **Score 3** for projects that have gender equality as a principal objective and allocate at least 80% of the total project budget to Gender Equality and Women's Empowerment (GEWE)

equality and women's empowerment⁵:

The project aims to address the underlying causes of conflict responsible for the cycle of inter-group violence, and resultant conflict-related trauma, in Hela province by providing mental health and psychosocial support (MHPSS) to men, women and youth based on their gendered experiences and responses to conflict and the inherent ties to pre-existing gender inequality and masculine discourses and culture, practices and identities of men and young men, and their participation in complex gender relations. More specifically, it will address the mental health and psychosocial needs of survivors of various conflicts who present with various symptoms by increasing access to specialised, one-to-one as well as group-based, culturally relevant and context-specific MHPSS services provided by healthcare workers and community mobilisers. Gender and rights-based approaches will help strengthen the mental health and psychosocial support (MHPSS) skills of healthcare workers to ensure that women and adolescents affected by conflict-related trauma have better access to specialised response services. To address the ways in which conflict-related trauma manifests collectively, and to support the sustainability of peacebuilding efforts, group-based non-specialised MHPSS will be delivered to both men and women and, young women and young men by facilitators of the same gender.. These support services will provide women and adolescent girls with the social and emotional skills to address trauma, and will also serve as a safe space to strengthen social support networks as a source of empowerment. The project will prioritise working with Family Support Centre staff, as the primary specialised service providers for GBV survivors in the district and create a referral pathway by capacitating community based actors to identify cases and provide a continuum of care. This will help mitigate the consequences of GBV for women and girls and aid their long-term recovery. The women and adolescent girls involved in the group-based intervention will be linked with parallel livelihoods programming which will provide opportunities for increasing income earning and saving. Lastly, the project generates knowledge to inform the gender responsiveness of the ongoing peace work in Hela and across the country.

Project Risk Marker score⁶: 2

Deeply entrenched social norms, high security risks and risk of natural disasters are considered as key risks in achieving project outcomes. During the start-up phase, adequate time will be dedicated to contextualisation of the intervention to ensure it is informed by and addresses dominant social norms and practices. If the peace and order situation deteriorates and natural disasters occur, the implementation of the project may be delayed. To address this, planning of meetings and workshops will have to be planned and closely coordinated with the UN Department of Safety and Security and local government and security officials in advance. Contingency plans will have to be put in place to respond to natural disasters. Regular monitoring of the political environment will also be conducted.

Score 2 for projects that have gender equality as a significant objective and allocate between 30 and 79% of the total project budget to GEWE

Score 1 for projects that contribute in some way to gender equality, but not significantly (less than 30% of the total budget for GEWE)

⁵ Please consult the **PBF Guidance Note on Gender Marker Calculations and Gender-responsive Peacebuilding**

⁶ **Risk marker 0** = low risk to achieving outcomes

Risk marker 1 = medium risk to achieving outcomes

Risk marker 2 = high risk to achieving outcomes

Select PBF Focus Areas which best summarizes the focus of the project (*select ONLY one*)⁷: 2.3 Conflict Prevention Management

If applicable, **SDCF/UNDAF outcome(s)** to which the project contributes: Sub-Outcome 3: By 2022, people in PNG live in a safe and secure environment that allows them freedom to exercise their political, social, economic, civil and cultural rights enshrined under the Constitution

Sustainable Development Goal(s) and Target(s) to which the project contributes: Sustainable Development Goal 3: Good Health and Wellbeing; Sustainable Development Goal 16: Peace, Justice and Strong Institutions; Sustainable Development Goal 5: Gender Equality.

Type of submission:

- ☐ New project
☒ Project amendment

If it is a project amendment, select all changes that apply and provide a brief justification:

Extension of duration: Additional duration in months 9 months with a new end date of 6 April 2024:

Change of project outcome/ scope: ☐

Change of budget allocation between outcomes or budget categories of more than 15%: ☐

Additional PBF budget: ☐ Additional amount by recipient organization: USD XXXXX

Brief justification for amendment:

Project implementation was delayed due to the following:

- (i) Delays in staff recruitment. The advert for the International MHPSS Specialist was posted on 13 December 2021, interviews with selected candidates were held in March 2022, and the recruitment was finalized in July 2022. To secure a strong candidate, it became necessary to secure additional funds so that a secure contract could be offered. The visa issuance for the International Specialist was delayed by three months and after the staff joined, she still had to exit the country for 1 month, from mid-November to mid-December 2022 and from mid-March to mid-June 2023, due to visa issues.
- (ii) Failure to secure interested research institutions to undertake research on gendered and age-specific impacts of conflict, particularly the psychological and social response of men, women, young men and young women to conflict within the first 5 months. This was a combination of system glitches with the procurement portal and security concerns for researchers. The new plan is to secure a local researcher.
- (iii) Project implementation was continually disrupted due to sporadic

⁷ **PBF Focus Areas** are:

(1.1) SSR, (1.2) Rule of Law; (1.3) DDR; (1.4) Political Dialogue;

(2.1) National reconciliation; (2.2) Democratic Governance; (2.3) Conflict prevention/management;

(3.1) Employment; (3.2) Equitable access to social services

(4.1) Strengthening of essential national state capacity; (4.2) extension of state authority/local administration; (4.3) Governance of peacebuilding resources (including PBF Secretariats)

	<p>conflicts leading to long periods of insecurity in the field and limiting access to target communities. UN personnel responsible for implementing training had to be evacuated out of Hela while missions to Hela were not allowed for close to four months in 2022 and one month in 2023. Business continuity measures such as working from home are not very effective in PNG. RUNOs have since adapted new measure which include (a) engagement of more implementing partners operating within the local level government areas- this requires more investment in institutional capacity development as these organizations do not have necessary institutional and technical capacities to implement and report; (b) working with PNG Council of Churches to build capacity of churches to integrate MHPSS in their work; (c) identification of professionals that could be trained as trainers and implement activities, strengthening of the teams on the ground, (d) increased modalities of remote support, (e) increased security measures during field visits (including ensuring a minimum of two persons per visit). The measures (a,b,c) are planned to improve sustainability of the work at the end of the funding.</p> <p>At the recent programme steering committee meeting (12 Oct 2022) chaired by the Secretary for Department of National Planning and Monitoring and UN RC a.i., the steering committee endorsed the proposal by project RUNOs to request for a 9-month no-cost extension to the current project end-date in view of the above-stated reasons and given the innovative approach of the project and the community acceptance. The project has a low delivery rate of about 20%, however, all activities are planned and will be carried out before the end of August 2023. More specifically, during the extension period the programme will focus on completing the following actions:</p> <ol style="list-style-type: none"> 1. Generating evidence on the gendered and age-specific impacts of conflict, particularly the psychological and social response of men, women, young men and young women to conflict 2. Conduct specialized training. 3. Supervision for community-based and specialized training. 4. Procurement of equipment for selected psychosocial support activities. Funding initially earmarked for evaluation, will now be re-programmed for procurement of equipment for various groups in the community based on their selected PSS activities. <p>Furthermore, additional time will be given for supervision to ensure the quality of the programme and adequate support to trained healthcare and community workers.</p> <p>The relevance of the programme was emphasized by the programme steering committee, especially given the new experiences of violence in the communities which added to the accumulated trauma. Despite recurring challenges, the Hela Provincial government has continued to express its commitment to improving the security for development and humanitarian operations in the province. RUNOs continue to plan and</p>
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	<p>implement the activities with an active engagement of implementing partners in Hela Province, and remote/on the ground supervision of those already trained and implementing community-based activities. Lastly, they finalized the agreement with CETA Global for the specialized MHPSS training and identified a consultant to conduct the research.</p> <p>During the last project implementation review by the two implementing agencies, it was agreed to request approval for some budget changes and increase the budget lines for specialised training and implementation of community-based activities. This is aligned with the sustainability goals, as training of healthcare and community workers in the area and the implementation of community-based activities will ensure community ownership and continuation of the activities after the end of this project (budget attached with highlighted requested budget reallocations). Lastly, there is a budget allocation for the joint evaluation of the three PBF projects in the Highlands that was agreed among the project teams, PBSO and RUNOs.</p> <p>This is the first UN Peacebuilding project in the area aiming to address the unaddressed trauma contributing to the perpetuated violence. Stakeholders in Hela Province have welcomed the project and are supportive to its implementation. In addition, the project is complimentary to the existing peacebuilding efforts and reinforces other activities. For example, the mediation teams in Tari created by another peacebuilding project, received MHPSS training that will enable them to use their mediation skills more efficiently. Furthermore, the project addresses existing gaps in MHPSS resources and services in Hela province by investing in capacity building of community and healthcare staff but also by strengthening community resilience. Though the implementation was initially delayed, progress has been made in terms of capacity building of community mobilizers and expectations are high that the implementation of community-based activities will improve the mental wellbeing of the affected communities. The trained community members and participants in activities give a very positive feedback and share that this approach (related to psychosocial support) is new in Hela Province and recognize the benefits the project has to offer.</p>
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PROJECT SIGNATURES:

<p>Recipient Organization(s)⁸</p> <p>Themba Kalua Representative, UN Women</p> <p>Signature: [Redacted]</p> <p>Date & Seal: [Redacted]</p>	<p>Representative of National Authorities</p> <p>Koney Samuel Secretary Department of National Planning and Monitoring</p> <p>Signature: [Redacted]</p> <p>Date & Seal: 4/7/23</p>
<p>Recipient Organization(s)⁹</p> <p>Maricelle Sander Representative, UNFPA</p> <p>DocuSigned by: [Redacted]</p> <p>Signature: [Redacted]</p> <p>Date & Seal: 04-Jun-2023</p>	
<p>Head of UN Country Team</p> <p>Richard S Howard United Nations Resident Coordinator (RNC)</p> <p>Signature: [Redacted]</p> <p>Date & Seal: [Redacted]</p>	<p>Peacebuilding Support Office (PBSO)</p> <p>Elizabeth Spehar Assistant Secretary-General, Peacebuilding Support Office</p> <p>For Signature: [Redacted]</p> <p>Date & Seal: 5 July 2023</p>

⁸ Please include a separate signature block for each direct recipient organization under this project.

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I. Peacebuilding Context and Rationale for PBF support (4 pages max)

a) A brief summary of **conflict analysis findings** as they relate to this project.

Inter-group violence in the Hela Province of PNG is long-term and protracted. Hela Province in the Highlands region of Papua New Guinea. Hela Province is nearly completely rural including remote and hard to reach areas. It comprises three districts (Komo-Magarima, Koroba-Kopiago, and Tari-Pori District) with the provincial capital being Tari. The population includes diverse ethnic and language groups, namely Hewa, Duna, Huli, Onabasulu, Sonia, Kasua, Kaware, and Kaluli. Tribal lines are drawn along these distinctions, with these communities originating from the most isolated and least developed areas of the Highlands region. At a macro-level, key factors have worsened the risk and severity of inter-group violence. The increasing penetration of a commodified economy continues to erode systems of social protection and meaning which rely on bonds of mutual obligation and reciprocity. Patrilineal tribe or clan land ownership has long been at the centre of inter-group violence in the region. However, its commodification most especially through the expansion of the extractives industry combined with a youth bulge has meant land rights have become more financially valuable while increasingly scarce for male youth. As a patrilineal society, only males have right to land inheritance which is compromised by the bulging youth population, resulting in competing claims; women and girls are wholly excluded from this. This conflict dynamic has evolved to include the hiring of 'gun men' in addition to or in place of familial instigators. Reports indicate the financing of hired 'gun men' may be linked with formal political structures and representatives as well as other external parties, highlighting the growing complexity of the conflict which is now not purely tribal. The increased availability of high grade weaponry has increased the severity of this violence and in turn, exacerbated the cycle of retributive violence. Such violence often has distinct political, social and psychological impacts that are different between males and females. It is also inherently tied to gender inequality and masculine discourses and culture, practices and identities of men and young men, and their participation in complex gender relations. Many studies on gender and human rights in PNG highlight the very gendered nature of violence, and that dominant forms of 'masculine' characteristics have been introduced to boys from an early age, often through violent methods.¹⁰

Hela Province is typified by protracted, inter-tribal conflict which involves extreme violence that disrupts communities' access to education, basic services and livelihoods. Young people face significant challenges to completing their education while having few opportunities for participation in the political and economic realms or routes for social mobility to escape poverty and violence. This is exacerbated by weak rule of law and weak government services architecture such as education and health. This is especially true for youth from rural locations or those whose access to education and employment opportunities has been interrupted by protracted conflict in the region. In Hela, an estimated 40 percent of children attend formal public education and under 40 percent of adults are literate.¹¹ Where access to education is afforded, boys are prioritised above girls. This is reflective of deeply held patriarchal norms that value males and the masculine over and above females and femininity. Adolescent girls also face early and forced marriage from early adolescent onwards often to older men through polygamous relationships. This further bars them from such opportunities as they are expected to fulfil the role of wife including domestic responsibilities as well as childbearing. Youth are excluded from substantive decision-making in public life however are commonly mobilized by leaders for political and material ends including through inter-group violence. Young males are

¹⁰ G Richardson et al, Gender-Based Violence in the Highlands of Papua New Guinea: A Literature Review, Morobe Development Foundation, 24 May 2021, available at <https://mdfpng.com/wp-content/uploads/2021/05/GBV-in-the-Highlands-of-PNG-MDF-Report.pdf>

¹¹ Caritas, Australia

drawn into this as combatants while adolescent girls and young women are involved through early and forced marriage as well as sexual exploitation either as a means to resolve conflict or by ‘warlords’ through force and coercion.

These broader phenomena have exacerbated the practice of 8th Generation ‘payback’ killings and the associated violence which drives inter-group conflict. Payback killing refers to the practice where when wronged, under custom, male members of an extended family (clan/tribe) must avenge through injury or death (‘payback’) of the perpetrator or a member of the perpetrator’s kin, or via agreement on ‘compensation’ (a payment made to the wronged party, usually consisting of money and/or livestock). The obligation of committing ‘payback’ killings on behalf of the extended family is taken on by subsequent generations creating a situation of decades-long cycles of retributive violence, thus referred to as 8th Generation ‘payback’ killing. Women also uphold this customary and gendered practice by actively instigating violence and inciting men and boys to fulfil their masculine duty of retribution. Conflict mediation through ‘compensation’ can lead to the temporary cessation of hostilities, however permanent resolution remains absent. While conflict between tribes erodes intercommunal cohesion, this violence plays an important role in intra-communal relations, especially across generations as young men take on the grievances of previous generations. The practice of compensation, which materially benefits male leaders, also acts to incentivise conflict without providing substantive resolution and justice to those affected by the violence. The erosion of customary rules of engagement which once strictly governed conflict in Hela Province, the breakdown in formal state justice and security systems combined with the introduction of guns has resulted in an increasing number of civilian casualties, in particular women and children. As noted above, the growing politicisation of inter-group violence has added further complexity. Notably, two high profile cases over the last two years involved the death of women and child non-combatants – an attack in July 2019 in Hela Province which killed ten women and six children; and an attack in early 2021 in Hela, which killed a woman and two girls. Outside of the immediate danger women face during the fighting, they also encounter a range of insecurity before, during, and after conflict. Conflict increases the risk of non-intimate partner sexual violence with it being employed as a form of retributive violence. Conflict and its consequences, including poor mental health and the interruption of livelihoods exacerbate risks for intimate partner violence. Conflict also increases reliance on early and forced marriage as a means of resolving conflict between tribes which increases women’s and commonly adolescent girls’ experience of sexual and physical violence by an intimate partner. Whilst limited statistical data exists, studies indicate that over two-thirds of women in PNG have suffered physical or sexual violence in their lifetime. Accordingly, the extreme risk factors for GBV associated with the conflict in Hela Province exacerbate already very high rates of violence against women and girls.

This points to the highly gendered nature of inter-group violence in the Hela Province. Men and boys predominantly lead and propagate this violence, represent the majority of combatants and are more likely to face physical injury. Male youth in particular are engaged in conflict early in adolescence. For some, tradition dictates the importance of male children witnessing fighting on the battlefield, either to learn how to fight or to support their fighters, reinforcing the mantra “enemy for life”. Limited income-earning opportunities following school also add to this dynamic. Together this elevates inter-group violence, given the attractiveness to young men with few alternative means for income-earning or non-harmful displays of masculinity.

Adolescent girls’ and women’s roles in conflicts in the Highlands are increasingly complex. Female youth have little role in the conflict except as objects of this violence until they reach an age of marriageability. At that stage, they can be brokered for peace to an opposing clan through arranged marriages. In practice, many of these are early and/or forced marriages. A large proportion of women are married into another clan, which provides them a unique position that can increase their neutrality

and enable them to advocate peaceful solutions to conflict. However, it remains expected that they will contribute to social obligations including ‘compensation’. If requested, they must ask their relatives from their “home” community to provide contributions. This can pressure women into precarious positions at risk of offending their hereditary community or married community. Women can also play an active role in begetting male violence, by urging men to fulfil their ‘obligation to violence’ to defend their tribe and carry out ‘payback’, encouraging harmful masculinities, and as the cultural bearers teaching sons and youth the obligation to ‘payback’ once they are of age.

The introduction of guns and changing rules of engagement have resulted in much higher deaths and injuries, and therefore greater demands for ‘compensation’. This puts a huge strain on the most vulnerable in communities, such as widows and the disabled, as they are expected to make contributions to communal ‘compensation’. Most women earn income from selling small garden produce and livestock, which are then used to contribute to ‘compensation’. This form of peaceful ‘compensation’ results in a loss of income and livelihoods for women. In effect, women experience loss and harm in either scenario of conflict resolution, despite having no say in the conflict or resolution.

While causes of violence are complex and multifaceted, intergenerational trauma at an individual and collective level is fundamentally linked to conflict in the Hela Province. Conflict and oppression have significant but often overlooked mental health impacts on persons, which in turn may weaken the social fabric that governs relationships, the capacity for recovery and opportunities for reconciliation. In the aftermath of conflict, these causes of the conflict often remain and continue to foster mistrust and fear. Hence, trauma from past conflicts tends to self-perpetuate through the concept of grudges and ‘payback’, which can span generations. Trauma-processing is hindered by repeated exposure to traumatic experiences, combined with the erosion of social protection, limited resources, and learning opportunities, loss of community modeling and support, and effectively no access to professional assistance. The mental health impact of this violence challenges any meaningful peaceful cohabitation and social cohesion that may come as a result of conflict resolution efforts. Studies in other contexts, notably in Bougainville in 2013, found that a key contributing factor to violence, including against women, is persistent and unaddressed conflict-related trauma¹². Further research has shown that individuals with unaddressed conflict-related trauma are less likely to engage in peacebuilding, mediation, and development initiatives. Thus, addressing conflict-related trauma is critical to interrupting patterns of violence and promoting sustainable peace.

MHPSS services in Hela Province are scarce. There are no specialised mental health care providers. Facility-based health care workers have been trained in basic counseling and provide these services in the context of one-to-one clinical care. However access to facilities and services is often severely limited due to conflict, poor infrastructure and the overwhelming scale of need which exceeds the capacity of staff. Community and church-networks provide a critical source of emotional and spiritual support for communities affected by violence. Some have received basic training in psychological first aid, however most have not. Interviews with providers raise significant concerns about their practice of ‘counseling’, which often functions as harmful mediation between a survivor, perpetrator and their families which results in re-traumatisation.

In a scoping mission in May 2021, UN Women partners in Hela Province expressed a critical need for emotional support to cope with the loss of family members killed in recent fighting as well as enable the type social norm change needed to disrupt cycles of violence, along with assistance to mitigate the loss of livelihoods due to the destruction of crops and livestock. While the UN is mobilizing rapid

¹² Tierney et al, 2016, The mental health and psychosocial impact of the Bougainville Crisis: a synthesis of available information.

interventions to support these needs within the Creating Conditions for Peace programme, investment in communities' psychosocial resilience is a critical component of a long-term approach to sustained peace. Furthermore, persons affected by this violence, especially those men and women excluded from the material benefits of conflict and compensation, hold that the traditional methods of conflict resolution (notably the practice of 'compensation') maintain violence and a more holistic approach to conflict resolution that does not endanger their well-being is the most sustainable pathway to peace. Individual and collective trauma as a consequence of cyclical violence sits atop deeper social and economic dislocation resulting from rapid societal changes. There is a need to mitigate the MHPSS consequences of violence, in particular but not limited to GBV, as well as support individuals and communities to develop the skills to effectively manage and address trauma without resorting to violence to interrupt this cycle. MHPSS interventions also provide an avenue for group processing of trauma, inter-group trust building and the re-envisioning of collective identities to begin to address said structural drivers of MHPSS concerns and intra-group violence. In this way, these intersecting approaches provide a critical contribution to local peacebuilding processes.

Based on the above factors, there is an urgent need to complement existing initiatives responding to violence in Hela Province with mental health and psychosocial support services (MHPSS) that address the intergenerational trauma driving and perpetuating communal conflict. **00130034**

- b) A brief description of how the project aligns with/ supports **existing** Governmental and UN **strategic frameworks**¹³, how it ensures **national ownership**. If this project is designed in a PRF country, describe how the main objective advances a relevant strategic objective identified through the Eligibility Process

The **National Youth Policy 2020-2030** recognises that the exclusion of youth, in particular those in rural locations from the formal education system and skills development initiatives, wage earning economy and substantive participation in decision-making and leadership further exacerbates young people's involvement in inter-group conflict. It prioritises key youth issues and populations for action, namely youth in conflict settings as well as adolescent girls and young women, especially those in or at-risk for early marriage such as those in tribal conflict contexts. It promotes young people's role in the advancement of gender equality, dialogue, peace-building, security, and sustainable development. The project supports the National Youth Policy which calls for young people to have access to mental health care (Key outcome 3.4.2) and initiatives that foster cultural identity through traditional arts (Key Outcome 3.4.6). It aligns with the National Youth Policy's promotion of educational and employment opportunities for young people (key outcome 3.3) and its calls for young people substantive participation in conflict resolution, peacebuilding and reconciliation (key outcome 3.2.4)

The project also aligns with the goals of the **PNG National Strategy to Prevent and Respond to Violence 2016-2025** (henceforth the National GBV Strategy). The National GBV Strategy recognises poor mental health as an individual-level driver of GBV as well as a leading consequence for survivors as well as children and adolescents exposed to violence. Objective Three of the National GBV Strategy seeks to ensure the availability of quality, coordinated and sustainable multi-sector response services including mental health and psychosocial support. Objective Four seeks to prevent GBV through decentralised, standardised and inclusive prevention interventions. It incorporates a specific focus on capacitating community members including women, young men and young women Human Rights Defenders with the skills to effectively champion behavioural change. Lastly, in contributing to the body of knowledge on MHPSS and violence the project supports Objective Two's goal to advance in-

¹³ Including national gender and youth strategies and commitments, such as a National Action Plan on 1325, a National Youth Policy etc.

depth research to support evidence-based planning, budgeting and programming to end gender-based violence, and contribute to national and international reporting commitments.

The project will also contribute to two of the four pillars of the United Nations Development Assistance Framework (UNDAF) of Papua New Guinea, 2018-2022¹⁴. The UNDAF outlines the partnership between the United Nations (UN) and the Government of Papua New Guinea in support of the 2030 Agenda or the Sustainable Development Goals¹⁵, and is rooted in national strategic priorities, the Government's Medium Term Development Plan and Vision 2050. The two pillars are: (a) **People: Inclusive Human Development & Equitable Services** which envisions to ensure that people in Papua New Guinea especially the most marginalized and vulnerable have enhanced and sustained utilization of quality and equitable services, food security and social protection by 2022.; and (b) **Peace: Promoting Inclusive, Governance, Justice & Peace focusing on** government and non-governmental institutions demonstrating improved transparency, accountability, delivery of justice and promotion of peace and security by 2022.

This project is aligned with PNG's women, peace and security programming which focuses on conflict prevention in the Highlands Region.¹⁶ The PNG Highlands had shown a spike in weaponized inter-group conflict and has also been severely affected by the February 2018 earthquake. The UN, in particular UN Women and UNFPA, focused on humanitarian interventions, mobilizing communities and volunteers into a network of peace builders and providing support to family support centers and capacity building on reproductive health and gender-based prevention, respectively. Action groups helped extend life-saving protection services, while also involving women in decision making groups.

This project is also aligned with the three-year Highlands Joint Programme (HJP) from 2020 to 2022 which serves to embody the UN's intent to work across the humanitarian-development-peace nexus. The HJP aims to: (i) Support creation of peaceful and enabling conditions for achieving the Sustainable Development Goals in Hela and Southern Highlands Provinces; (ii) Catalyze greater investments in equitable and sustainable human development activities both by the PNG government, development partners and the private sector; and (iii) Support local aspirations for inclusive peace and sustainable development. To date, there is committed funding for UN programming in the Highlands from the European Union (EU) for Spotlight Initiative activities (addressing Gender Based Violence), from the United Nations Peacebuilding Fund (PBF) to support women and youth in peace building activities and from USAID to support Disaster Risk Management activities. The Governor of Hela Province has pledged part of the World Bank loan earmarked for post-earthquake recovery to be used for the HJP and there is also keen interest from the New Zealand Government and the private sector actors active in the Highlands. The UN is also concurrently developing a joint Disaster Risk Management programme which will also include Hela and Southern Highlands in its geographical targeting. These respective provincial level activities will be designed to contribute to the HJP's peacebuilding

¹⁴ The UNDAF of PNG was informed by a Common Country Assessment in 2016/17 which found that sexual and gender based violence including rape, domestic violence, sorcery related atrocities and killings, most commonly affect rural women, children, and people with disabilities. The CCA highlighted that implementation of existing policies and strategies to address this phenomenon remains weak and that women and children as victims, witnesses, or offenders, face significant barriers to accessing protection services and the formal justice system. The report also found that these challenges are compounded by the response of law enforcement agencies, which is often inadequate, resulting in de facto impunity for those involved in crimes and violence. Excessive use of force, torture, and extortion by the police are regularly reported, and internal mechanisms to address these violations are inadequate. The report concludes that ongoing tribal conflict in some parts of the country, characterized by minimal preventive and protection mechanisms, as well as a lack of effective documentation or investigation, have caused the violation of human rights of affected people.

¹⁵ The UNDAF in PNG supports all 17 Sustainable Development Goals. See <https://papuanewguinea.un.org/en/about/about-the-un>

¹⁶ <https://www.openigo.com/vacancies/thematic-expert-women-peace-and-security-in-papua-new-guinea/>

objectives and be aligned to the HJP's theory of change while also being integrated into the HJP's results framework.

- c) A brief explanation of how the project fills any strategic gaps and complements any other relevant interventions, PBF funded or otherwise. Also provide a brief **summary of existing interventions** in the proposal's sector by filling out the table below.

The project addresses a strategic gap in peacebuilding programming as well as MHPSS services in Hela Province. Peacebuilding interventions have largely focused on supporting intra-group dialogue and mediation, in particular women-led mediation through establishment of community networks, peace centres and youth hubs. Prior interventions have also included a focus on training leadership conflict sensitive development, local level governance and decentralisation complemented by the implementation of community peace for development plans through small grant projects. Together these interventions comprise a strategy of peacebuilding in Hela Province which seeks to disrupt and prevent cycles of violence through socially and materially incentivising non-violent alternatives to violence as a form of conflict resolution, source for social identity and status as well as material gain. However the mental health and psychosocial needs of men, women, young men and young women targeted through peacebuilding programming have remained unaddressed. Understanding the role of trauma in begetting the cycle of violence between individuals, within families and amongst communities, there is a clear need to address MHPSS needs to better enable sustained commitment to and participation in the aforementioned approach to peacebuilding. Although this issue has largely been overlooked, much groundwork has been laid with regard to establishing gender and age responsive peacebuilding mechanisms through past and ongoing programmes. The proposed project will link closely with these initiatives to ensure that it is effective, cost efficient, and accelerates good practices from other programmes, thus ensuring a strong value for money approach. Considering this and the aforementioned scarcity of MHPSS services in Hela Province, the project thus addresses a critical gap in peacebuilding in the province. Linked multi-level MHPSS interventions, as per the MHPSS pyramid, will strengthen the individual and collective capacities of persons affected by conflict to substantively engage in existing peacebuilding processes.

The proposed activities for this intervention support the existing work in Hela Province under the UN Highlands Joint Programme and the UN Women-UNFPA-IOM-UNDP Creating Conditions for Peace joint project funded through the PBF to conclude in 2023. This project is focused on strengthening the capacities of women to assume leadership in community peacebuilding mechanisms and of local communities and faith based organisations to support conflict management efforts. Throughout the project, UN Women and UNFPA have built an extensive network of stakeholders central to local peacebuilding efforts and laid out the groundwork for dialogue platforms and referral systems where men, women, young men and young women can take an active part in the decisions on peacebuilding initiatives in their communities. By tapping into these networks and integrating efforts to address MHPSS needs as a means to limiting the re-perpetuation of cyclical violence, it is envisioned that the planned interventions will leverage ongoing peacebuilding initiatives by expanding their scope to address a wider range of conflict drivers and impacts.

This project also builds on evaluation findings of the recently concluded PBF-sponsored GYPI joint-UN initiatives, where the establishment of Learning, Empowerment and Protection (LEP) centres, community mobilisers and the engagement of Churches as implementing partners was identified as particularly successful. The LEP centres were instituted to act as referral pathways for survivors of GBV and other basic services. By expanding the area of responsibility of the LEP centres, which have already been institutionalised and positively received by target communities, to also encompass the MHPSS initiatives planned under this project the efforts are expected to be effective in reaching the

intended population. It will also allow the proposed project to feed into and enhance efforts to support survivors of GBV, linking with the UN Women's Spotlight Initiative programme.

The proposed activities take advantage of programming entry points through UN Women's Safe and Prosperous Districts Programme by connecting skills development efforts with ongoing initiatives to increase access to markets and income-generating activities. It also builds on UNFPA's existing projects including humanitarian interventions to strengthen emergency service delivery in the Hela Province to support sustainability, the rapid deployment of resources as well as cohesive programming across the humanitarian-development-peacebuilding nexus.

Project name (duration)	Donor and budget	Project focus	Difference from/ complementarity to current proposal
Creating Condition for Peace	PBF	Peacebuilding	Awareness creation; capacities for mediation;
Spotlight Initiative	European Union	GBV	Behaviour Change promotion; Social accountability; basic one-to-one psychological first aid and psychosocial support (lower tier MHPSS pyramid intervention); strengthened specialised health services
Safe and Prosperous Districts Programme – Securing Women's Livelihoods during COVID-19 _ Prevention Response and Recovery	Japan	Economic empowerment	Access to finance and technical skills for women in the informal economy , with a particular focus on women in subsistence agriculture.

II. Project content, strategic justification and implementation strategy (4 pages max Plus Results Framework Annex)

a) A brief description of the project focus and approach

The project aims to address the underlying causes of conflict responsible for the cycle of inter-group violence, and resultant conflict-related trauma, in Hela province by providing mental health and psychosocial support (MHPSS) to women, men and young men and women and capacities for ongoing

support to the efforts. This project is centred on the principle that conflict resolution, as it is currently conceived in the Hela Province, is not working. The project will work with men, women, female youths and male youths to re-examine the intergenerational trauma which drives conflict and has resulted in a system which robs women of their family, livelihoods, and well-being. The project will commence with and be informed by research into the intersection of gender and age-related social norms, inter-group violence and MHPSS in Hela Province. This research will help ensure the relevance of interventions targeting men, women and male and female youths. While more expansive masculinities programming was deemed beyond the scope of the project, this formative research and lessons learned working with men and male youth through this programme will contribute to the nascent body of knowledge of effective positive masculinities and mental health programming targeting men in the Highlands region for violence prevention and peacebuilding. Men as well as women and youth will also have access to improved one-on-one MHPSS services delivered through health facilities as well as community service providers as an outcome of a key project activity. In this way, it will strengthen the foundation for complementary and subsequent work with adult men. The project targets men, women and female youths through individual and group-based MHPSS interventions in recognition of conflict-related trauma as a primary driver of interpersonal and inter-communal violence, including female agitation of male counterparts to enact retributive violence on their behalf in line with strict gender norms. It targets women and female youths in recognition of conflict related trauma as a primary barrier to trust and solidarity building between women across communities which is required for their substantive individual and collective participation in complementary peacebuilding initiatives. Understanding the transition from child to adulthood as a critical period when social scripts are set, the project targets young men in order to address their conflict-related trauma needs while disrupting the association of adult masculinity with participation in collective violence at a time when young men are most likely to be conscripted into communal violence lead by adult male leaders.

In line with the IASC MHPSS Guidelines on Mental Health in Emergency Settings, this project proposes a multi-layered MHPSS peacebuilding intervention to address the spectrum of needs amongst youth and women. It will support men's, women's and youth's expanded access to services and safety, strengthen community and familial support networks, improve one-to-one specialised support for survivors of violence and build capacity of health-sector as well as community-based MHPSS services providers in specialised mental health care. This multi-layered approach to addressing MHPSS needs amongst men, women, young men and young women recognises the role of intergenerational trauma both as a consequence and driver of violence. The implementation of group-based non-specialised integrated MHPSS and peacebuilding curriculum provides an opportunity for men, women, young men and young women from different communities to come together to explore the nature and consequences of inter-group violence, develop the knowledge and skills to manage trauma without resorting to violence and strengthen inter-group relationships for expanded social support systems as a means of fostering greater social cohesion between communities.

All project interventions are designed with a gender and age lens, as well as through a Do No Harm approach to ensure the project contributes to positive peace for men, women, girls, men and boys in the Hela Province. The project will ensure MHPSS peacebuilding interventions are linked with specialized GBV services provision through information sharing and referrals. This is central to ensuring a do no harm approach; the anticipated spike in intercommunal violence, including GBV, in the context of the 2022 election makes this even more critical. This project tackles a significant gap in interventions in the Hela Province to date by addressing the distinctly gendered and generational mental health needs in the community to disrupt the concept of grudges which lead to violence. In line with its overarching goal to contribute to local peacebuilding processes, the project seeks to mitigate risks for violence and foster social cohesion across individual, relationship, and community levels through complementary MHPSS interventions. To ensure outcome-level change is achievable, the

project will focus on a small number of communities that have been affected by intergenerational conflict within the last 2 years.

Peacebuilding interventions in the Hela Province cannot be successful without the full support and buy-in of local peacebuilders, CSOs including those led by women and youth and community leaders including those engaged in provincial peace and good order committees. This project will support local peacebuilders to address their own mental health concerns as well as those of their communities, while also tackling conflict resolution from the perspective of intergenerational trauma as a driving force of violence. Given the dearth of information on effective integrated MHPSS and peacebuilding interventions in the Hela Province context, the project will provide a valuable contribution to the body of knowledge as a foundation for continued investment in quality programming. It adopts an innovative approach through the adaptation/development of integrated MHPSS and peacebuilding curriculum. This curriculum will be co-developed by men, women, young men and young women involved in the project to ensure cultural relevance and ownership. It will integrate an arts therapy approach drawing from and informed by the predominance of traditional art culture across the Hela Province region. Arts therapy is an evidence-based approach to non-specialised group-based emotional and psychosocial support. It will provide an entry point for participants to reflect on the past, examine collective values and experiences and make shared visions for a peaceful future grounded in culturally relevant frames of meaning. This approach aims to address the underlying drivers of violence related to rapid societal change and subsequent, social fracture and dislocation especially for young men and women. The project will complement existing economic empowerment initiatives currently being implemented by UN entities in Hela. It will link with these programmes to provide a market for the sale of arts goods produced as well as connect participants with opportunities for further skills development. Selling of art goods will be voluntary however lessons from prior GYPI and current WGSS empowerment programming document the importance of potential material benefit to securing buy-in for peacebuilding programming. In this way, the project will also address the socio-economic drivers of conflict as well as contribute to resilience to fluctuating conflict which greatly compromises access to sustainable livelihoods for all communities.

The project will utilise existing community-run structures, namely Learning and Empowerment Centres (LEP centres) and Women and Girls Safe Spaces (WGSS) to deliver activities. This will leverage past programming efforts, support safe access and further contribute to community engagement and ownership. As elsewhere, men, women, young men and young women will be involved in the design of the project from the outset to ensure ownership and sustainability, and will serve as co-facilitators of group-based MHPSS programming and programme assessments. The project will create synergies with efforts related to MHPSS currently run by churches, ICRC and community based organizations led by women.

b) Provide a **project-level ‘theory of change’**

The project theory of change (TOC) is based on the **core assumption** that addressing conflict-related trauma experienced by men, women, young women and young men will break the ongoing cycle of violence and conflict in the Hela Province. This assumption is grounded in the understanding that intergenerational trauma is both a cause and consequence of violent conflict, contributing to the disintegration of social bonds and disruption of positive communal conflict resolution mechanisms. Research and experience on the ground show that MHPSS is vital for reconstructing the social fabric of a society to interrupt cycles of conflict and increase the effectiveness of local peace-building processes.

Based on this core underlying assumption, the project-level TOC proposes that an enhanced evidence base on the psychosocial impacts of conflict on men, women, young men and young women in Hela, in combination with enhanced MHPSS skills amongst key community leaders and local health workers and increased access to these services for affected men, women, young men and young women will contribute to more sustainable peace. In turn, men, women, young men and young women will have greater social and emotional skills to manage personal and collective trauma without resorting to violence and improved capacity to build trusting individual, familial and community relationships required for the success and sustainability of local peacebuilding processes.

The project will contribute to the outcome: **“Conflict related trauma especially among affected women, young men and young women in Hela Province is addressed as part of peacebuilding and conflict prevention efforts.”**

It is based on the Theory of Change (TOC) that

If:

- (1) Knowledge and evidence on the gendered and age-specific impacts of conflict, particularly the psychological and social response of men, women, young men and young women to conflict, are generated to inform gender and age-responsive peacebuilding.
- (2) Community stakeholders have increased capacity to integrate mental health and psychosocial support (MHPSS) to address conflict-related trauma as part of conflict prevention and peacebuilding efforts.
- (3) Local MHPSS and health workers have increased skills and knowledge to deliver context-specific, gender-responsive services that address conflict-related trauma.
- (4) Women, men and youth affected by conflict are able to harness MHPSS to promote mental health and develop social and emotional skills to contribute to local peacebuilding processes.

Then, men, women and male and female youth experiencing conflict-related trauma will have access to localised, coordinated services led by community actors and service providers to improve mental health and address underlying root causes of conflict that perpetuate violence and hinder long-lasting peace, **because** culturally-relevant and context-specific MHPSS is critical for individual and communal healing and rehabilitation that will empower men, women, young men and young women to meaningfully participate in peacebuilding efforts in the Hela Province.

Programmatic approach	First assumption	Supporting assumptions
Addressing conflict-related trauma particularly among men, women, young men and young women as part of conflict prevention and local peacebuilding processes with the gender and rights-based approaches to strengthening the mental health and psychosocial support (MHPSS) skills of community actors and healthcare workers, evidence creation, as well as	Core assumption: violence and conflicts affect men, women, men, boys and girls differently. Addressing these differential impacts is key to sustaining peace, yet there is still limited effort to address the enduring impact of conflict on mental health and perpetration of gender-based violence, particularly at the local/ community level in PNG.	Context specific/localized MHPSS: Lack of comprehensive approach to integrate MHPSS that is grounded in local contexts with social and cultural sensitivities. Community engagement: Lack of participation and engagement between individuals, families and communities to integrate

linking individuals and community capacity building	<p>Evidence requirements: TOC for this approach is based on research and evidence that conflict-related trauma perpetuates cycle of violence. With greater evidence and good practice from this project to effectively integrate MHPSS into peacebuilding efforts, men, women, young men and young women will be empowered to participate and contribute to peacebuilding and conflict prevention efforts.</p>	<p>MHPSS into peacebuilding and conflict prevention efforts.</p> <p>Technical issues: Lack of evidence and knowledge to understand differential impact of conflicts and violence on women, men, boys and girls and the gender different responses</p> <p>Gender and social norms that perpetuate violence</p>
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c) **Provide a narrative description of key project components** (outcomes and outputs)

Outcome 1: Conflict related trauma especially among affected men, women, young men and young women in the Hela Province is addressed as part of peacebuilding and conflict prevention efforts

- Output 1.1: Knowledge and evidence generation on the gendered and age-specific impacts of conflict and gender/age differences in response to conflict-related trauma (Assessment of the gender and age dimensions of conflict-related trauma and inter-group violence) **“Ongoing- a local researcher is currently being recruited”**
- Output 1.2: Community stakeholders are able to integrate psychosocial support to address conflict-related trauma as part of conflict prevention and peacebuilding efforts **(curriculum development and training and coaching of facilitators “completed”, supervision is “ongoing”)**
- Output 1.3: Local MHPSS and health workers have increased skills and knowledge to improve mental health and well-being to address traumatic impacts of conflict **“Ongoing” (to commence during the extension period - will be completed by August 2023)**
- Output 1.4: Women, men, young women and young men affected by conflict are able to harness MHPSS to promote mental health and develop social and emotional skills to contribute to local peacebuilding processes. **“Ongoing”**

Output 1.1: Knowledge and evidence on gendered and age-specific impacts of conflict and gender/age differences in response to conflict-related trauma are generated.

There is a dearth of knowledge on the intersection between gender and age-related social norms, inter-group violence and coping mechanisms for conflict related trauma in Hela Province. For this reason, there is a critical need to conduct an in-depth assessment on these distinct yet linked phenomena. This will inform the development of culturally appropriate, context relevant MHPSS interventions specific to men, women, young men and young women that contribute to breaking the cycle of retributive violence and support peacebuilding. It is envisioned that this assessment and the subsequent adaptation/development of integrated curriculum will add to the growing body of knowledge globally on MHPSS and/as a means to peacebuilding. The assessment will be a mixed method and participatory, utilising review of relevant literature, agency reports and policy documents, qualitative and quantitative data collection methods (e.g. key informant interviews, focus group discussions, surveys), observation, and site visits as appropriate. It will adhere to the guiding principles of do no harm,

participation, inclusiveness, culturally appropriateness, confidentiality and safety¹⁷. Community members will be involved in the design and validation of assessment tools as well as findings. They will contribute to planning to ensure the co-implementation of the assessment for endorsement and ownership. All enumerators will be trained to ensure quality, safe and ethical data collection, including the safe and confidential referral of survivors who may present during the assessment. All work with service providers and community members will be respectful, ensure their privacy and confidentiality, and be based on voluntary participation, informed consent, and the best interest of the interviewee. The assessment will be conflict sensitive, with attention paid to the tracking of conflict dynamics and validation of the tools and assessment with community members to aid in monitoring this.

Output 1.2: Community stakeholders are able to integrate psychosocial support to address conflict-related mental health trauma as part of conflict prevention and peacebuilding efforts.

MHPSS will be integrated into the existing peacebuilding curriculum. Its development will draw on existing materials and lessons from MHPSS in emergencies and peacebuilding programmes as well as be informed by the findings of the assessment to ensure relevance to the PNG Highlands context. The curriculum will support community-led non-specialised group MHPSS interventions. While a base curriculum will be developed it is envisioned that distinct modules will be included for men, women, young men and women to ensure it is tailored to these groups of participants. The curriculum will incorporate art therapy as a primary therapeutic approach given its relevance to context and potential for income generation. Existing community leaders including male advocates, women, young men and young women trained through the previous GYPI in the Highlands and current Creating Conditions for Peace, Spotlight Initiative and emergency response programming will deliver this group-based MHPSS. Significant investment in the training of community facilitators will be done during the initial phase of the program to ensure quality implementation. Community facilitators will deliver the curriculum with support from the project technical and programme staff through co-facilitation, ongoing monitoring and coaching. This will ensure quality as well as continued learning for the facilitators. The intervention will support participants to improve their understanding of trauma and its effects on individuals, families and communities, strengthen their skills in non-violent individual and collective responses to trauma as well as emotional regulation as well as foster stronger relationships amongst men, women, young men and young women as well as between men, women, young men and young women from different communities. In this way, it seeks to disrupt the reliance on the practice of payback in response to trauma and violence.

Output 1.3: Local MHPSS and health workers have increased skills and knowledge to improve mental health and well-being to address traumatic impacts of conflict.

MHPSS and healthcare workers who provide services for survivors of violence will be supported to participate in specialised MHPSS training. From health facilities, this will include doctors, nurses and social workers who have clinical education and training. These staff work at the provincial hospital as well as district health posts. This will improve their skills to provide specialised, one-to-one mental health care to complement community-led non-specialised group-based support. Community-based MHPSS providers including those involved in case management will also be targeted. The Common Elements Treatment Approach (CETA) will be explored as the primary approach for this, given its relevance as an evidence-based treatment approach suitable for low- and middle-income settings which relies on non-mental health providers. CETA is tailored towards helping address common mental health problems such as depression, post-traumatic stress disorder and anxiety. Participants will be

¹⁷ As per the IASC Reference Group Mental Health and Psychosocial Support Assessment Guide and WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies.

selected based on their experience in relevant service provision, prior education and learning in MHPSS and GBV as well as interest and commitment to participate in the full training. The programme involves a two week initial training followed by 10 2-hour practice sessions for reviewing components, 8-12 sessions for a pilot/practice client with supervision and weekly supervision and ongoing training from a trained supervisor and distance trainers. The project will allow for possible adaptation in response to COVID-19 related or other travel restrictions which may impact in person training and coaching.

Output 1.4: Women, men, young women and young men affected by conflict are able to harness MHPSS to promote mental health and develop social and emotional skills to contribute to local peacebuilding processes

To pilot the integrated MHPSS peacebuilding curriculum, women, men and male and female youth will engage in non-specialised group MHPSS interventions led by trained community facilitators. The male and female community mobilisers, LEP coordinator who are existing capacities from the previous interventions will be preferred. The curriculum will incorporate art therapy as a primary therapeutic approach given its relevance to context. The curriculum will be delivered to gender and age-specific groups by community facilitators of the same demographic. For example, adult women mobilisers will deliver sessions to adult women from communities. This is to ensure safe group formation for MHPSS given the prevalence of GBV. Gender segregated groups for this type of activity is also culturally accepted and preferred in the Hela context. The curriculum will build on that developed under previous PBF programming to provide mental health and psychosocial support to participants. It will be gender transformative and use MHPSS as an entry point to safely support participants to explore and challenge social norms that associate performances of femininity and masculinity with violence, whether as instigators and/or those who carry out collective violence and inter-group conflict. It will support participants to develop the social and emotional skills to build and maintain peaceful familial and community-level relationships and to choose non-violent alternatives available through complementary peacebuilding programming and processes. For example, women will be linked to other UN Women activities on business development to increase potential for income generation support through complementary peacebuilding programming.

Use Annex C to list all outcomes, outputs, and indicators.

d) Project targeting

Tari in the Hela Province of the Highlands region has been selected as the project location. This is due to the frequency and severity of inter-group including protracted and secondary displacement of communities. In line with the project's aim for a deep intervention to build a solid body of evidence for expanded future programming, 6 sites have been selected for implementation of the group-based MHPSS intervention. These sites have been selected based on: existence of community managed structures, namely LEP centre and/or WGSS; existing relationship with site management which in most cases is a religious institution; church ownership affording increased site safety and protection from acts of inter-group violence; access to and use of the site by displaced communities; and, coverage of sites across communities that have been affected by recent conflicts. The proposed sites have been included below however final verification of project sites will be done as part of project start-up. This will ensure complementarity with other services and programming as well as accessibility of communities affected by conflict including displaced populations who may move from the time of proposal submission.

Proposed Sites

District	Infrastructure	Catchment	Targeting
Hoibieya	LEP Centre	Population affected by Pii conflict	Men, women, male and female youth
Alogoli	Evangelical Church of PNG WGSS, church hall	Population affected by Pii conflict	Women and female youth at WGSS, men and male youth at church hall on alternating days
Kupari	Kupari Catholic Mission WGSS, church hall	Population affected by Piwa conflict	Women and female youth at WGSS, men and male youth at church hall on alternating days
Hawa/Halongi	WGSS	Population affected by the Paipeli conflict	Women and female youth at WGSS
Walete	LEP Centre	Population affected by the Paipeli conflict	Men and male youth
Pureni	LEP Centre	Population affected by Paipeli conflict	Men and male youth

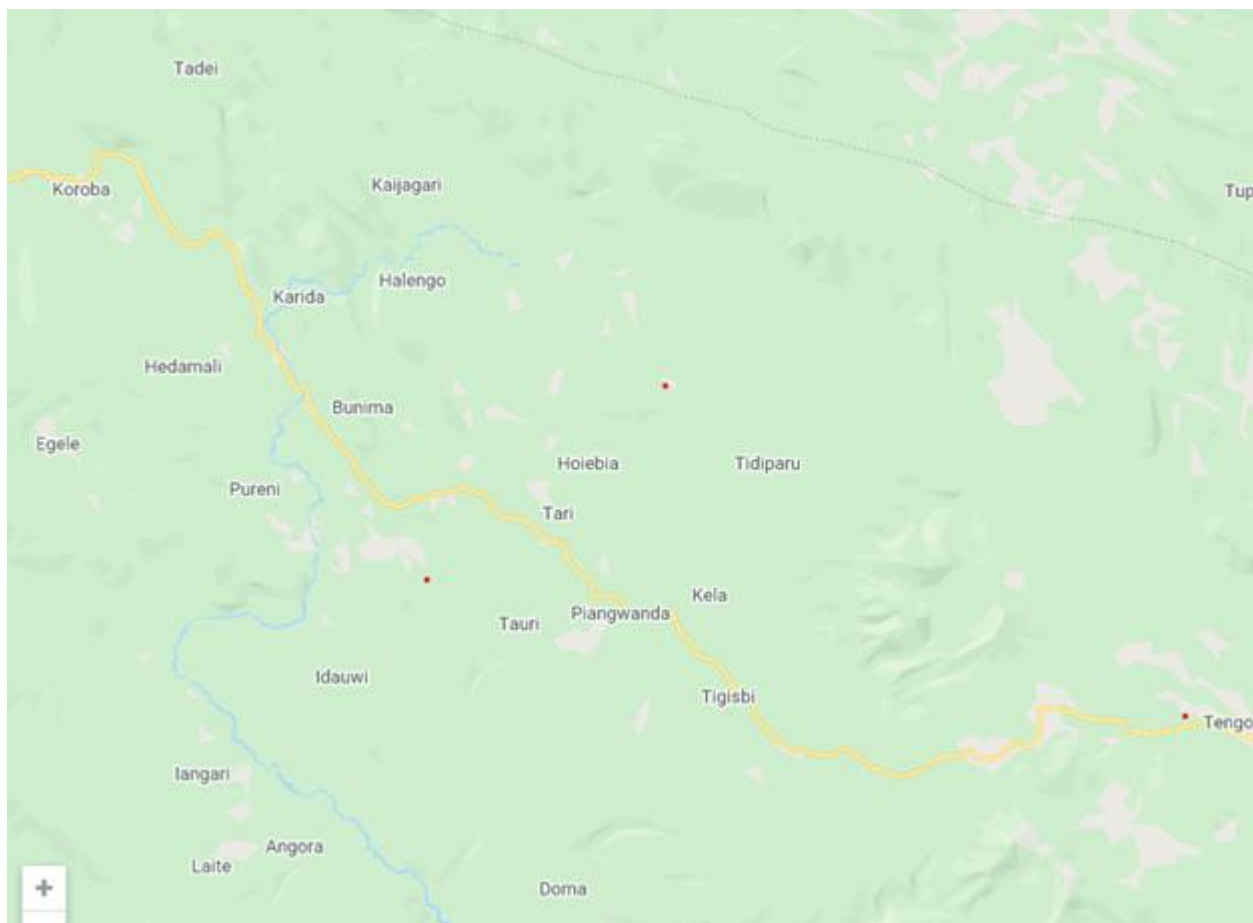
Piwa Conflict- The conflict started in 2016 and ceased in 2020. It is in Tebi Local Level Government Council (LLG) of Tari Pori District. The conflict affected more than 10, 000 population of which around 4,000 were women and girls. The population have been displaced for 3 years and started returning to resettle back in their land early this year, 2021.

The Israel Agro Innovative Farming Project owned and operated by Israel Government in partnership with Hela Provincial Government is located in Tebi.. There are no other existing public facilities in the area, however the nearest health Center is located in Kupari Catholic Mission Station which is 10 kilometers from the fighting zone. Hela Orphans Hope Center (CSO) has initiated Hela Women in Peacebuilding network and are working with 1,800 women and girls from Piwa Conflict providing counselling, peace building and livelihood restoration activities since 2020. There are no other CSOs, CBOs, NGOs, intervening in the area, except the Provincial Government peace mediation team involved in peace mediation activities and local churches providing spiritual support.

Pii Conflict-The tribal fight started in January 2021 and ceased after a month of active fighting. It is in Tagali LLG of Tari Pori District. The conflict affects 4 council wards with 6,000 people displaced. UN Agencies (IOM, FAO, UN Women) and partners (ICRC, World Vision) have provided emergency assistance to the displaced population in February 2021. The displaced population are residing in Hoiebia LEP Center and Alogoli ECPNG Church. Existing facilities that provide support to displaced people are, Alogoli ECPNG Church, Alogoli Sub-Health Center, Hoiebia United Church, Hoiebia High School, and the LEP Centre. Previous GYPI Program covered Hoiebia but not Alogoli.

Paipeli Conflict- This is the recent conflict in Hela Province and started in April 2021. Active fighting ceased in May 2021 with ongoing peace mediation. The conflict happened in Ayapuga LLG of Tari Pori District of Tari Pori District and involved 8 council wards with more than 12,000 population displaced. Half of the population are women and girls in displacement. Existing facilities are, Seventh Day Adventist Church, a Primary School, and newly proposed PNG Defense Force Barracks.

Key stakeholders will include provincial administrative authorities, provincial health authorities and church and community leaders who will be consulted in the design of the project as well as informed of project activities to ensure support. Key stakeholders involved in the design of the project including through the participatory assessment including men, women and adolescent girls, women's networks, youth leadership and networks and multi-sector GBV services providers. Health care providers will be targeted as beneficiaries of the specialised MHPSS capacity building activity in light of their work with GBV survivors and youth survivors of violence. Existing community mobilisers will be selected to be trained and supported to implement group-based MHPSS programming based on their interest, availability, experience and commitment to leading community-based activities for women and/or youth. Training of community based stakeholders will help in identification of community members presenting with symptoms of post conflict trauma and these will be referred for specialised clinic based MHPSS services. Information about the MHPSS intervention will be shared through LEP centres, churches, youth networks and WGSS to garner interest. Selection of participants will be based on commitment to attend all sessions.



III. Project management and coordination (4 pages max)

a) Recipient organizations and implementing partners

Agency	Total budget in previous calendar year	Key sources of budget (which donors etc.)	Location of in-country offices	No. of existing staff, of which in project zones	Highlight any existing expert staff of relevance to project
Convening Organization: UN Women	7,889,625	DFAT, MFA T, PBF, E.U, Core Resources	Port Moresby, PNG	2 staff based in Tari	Deputy Country Representative; Technical Specialist in Women's Leadership
Implementing partners: CSOs in Tari			Tari, Hela Province		
Recipient Organization: UNFPA	4,165,992	DFAT, PBF, UBRAF, Core resources	Port Moresby, PNG	2 staff based in Tari/ Mendi	Gender and SRHR Specialist, Asst. Country Representative
Implementing partners: The Catholic Diocese of Mendi			Mendi Southern Highlands Province PNG		
Recipient Organization:					
Implementing partners:					

The Catholic Diocese in Mendi is headquartered in Mendi, Southern Highlands Province but has coverage across the region including in Hela Province. The Catholic Diocese of Mendi includes catholic networks in Hela Province in project locations including those where LEP centres and WGSS are located so as to ensure ease of implementation of project activities including support from landowners and local communities and their leaders.

UN Women collaborates with registered CSOs in Tari, including grassroot and women empowerment organizations. The selected CSOs operate in Tari and surrounding areas where IDPs seek protection after being displaced by tribal fights. It is worth mentioning that community mobilisers from the selected CSOs have been trained in the provision of psychosocial support and the design and

implementation of MHPSS community-based activities and they have been receiving technical and operational guidance from the project team.

b) Project management and coordination

The project will be led by a technical specialist in MHPSS and peacebuilding. In light of the limited specialisation in-country, it is anticipated this position will be a recruitment fully supported by the project. They will sit with UNFPA however it will be an inter-agency position between UN Women and UNFPA. The position will be advertised prior to commencement of the project to ensure prompt recruitment. Prior to this specialist joining, technical leadership of the project will be provided by the UNFPA Programme Specialist (GBV/SRHR) who has expertise in MHPSS programming as well as the UN Women Technical Specialist (Women's Political Participation) who has an expertise in Women and Youth, Peace and Security. The UNFPA programme lead will be backstopped by regional MHPSS specialists. The international technical specialist will service the common interest of the project. They will contribute to the building of a solid foundation for current and expanded gender and youth, peace and security programming in-country including through knowledge generation and management. Due to the high security costs of internationally recruited staff and the heightened volatility due to elections in 2022, the position will be based in Port Moresby with at least 50% time spent in the field at a negotiated DSA rate.

Given the inclusion of men as a primary target group in this intervention, the project will require a Men and Boys Engagement Coordinator to pay particular attention to the engagement of men and boys who traditionally shy away from 'soft' development programs. The position will also support the Technical Specialist with workplan and budget development, implementation, monitoring and reporting. They will support coordination with implementing partners and support the Technical Specialist with capacity development. This nationally recruited position will be based in Tari, Hela Province.

Personnel Summary

Position Title	Position	Total Cost	Summary
Technical Specialist	P3/TA - 18 months	\$195,923 (100%)	The Specialist will provide overall technical oversight to the project to ensure quality and coherence across interventions, agencies and implementation partners. They will have overall responsibility for program management including ensuring efficient implementation of activities and financial, project and partner management.
Men and Boys Engagement Coordinator	SC/SB4 Step 5 - 18 months	\$53,069 (100%)	The Men and Boys Engagement Coordinator will support engagement with men and boys in Hela Province as well as lead project management on the ground including workplan and budget development, implementation, monitoring and reporting. They will work closely with as well as provide programmatic and operational guidance to implementing partners. They will work closely with the Technical Specialist to ensure timely, quality project implementation. The Coordinator will also manage the day to day linkages

			between this project with other UN initiatives in terms of targeting and coordination with government and CSO stakeholders.
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The Project will fall under the overall coordination mechanisms established under the UN's HAJP. Existing technical and programme management staff from both agencies will support the design and implementation of the project to ensure sufficient gender and youth technical expertise. From UNFPA, this includes the following staff at respective percentages: Programme/Deputy Representative (10%), Assistant Country Representative (10%), Programme Specialist (GBV/SRHR) (20%), Youth Representative for SRHR (10%) and programme support staff (5%). From UN Women, this includes the following staff at respective percentages: Deputy Representative (10%), M&E Specialist (15%), and Operations-Logistics-Programme Support Unit (5%).

c) Risk management

Project specific risk	Risk level (low, medium, high)	Mitigation strategy (including Do No Harm considerations)
Deeply entrenched inequitable social norms hinder gender transformative impact of programme	High	During the start-up phase, adequate time will be dedicated to contextualisation of the intervention to ensure it is informed by and addresses dominant social norms and practices. This will include a participatory assessment of MHPSS and inter-group violence, with the findings to be used as part of the contextualisation process. During the start-up phase, women, girls, men and boys will be involved in contextualisation. This will provide a chance to identify and develop mitigation strategies with men, women and youth related to their participation (e.g. increased risk of GBV). Examples of risk mitigation may include encouraging group sessions within local villages to limit movement, information
Very high normalisation of violence may limit the effectiveness of the programme to disrupt the cycle of violence and contribute to peacebuilding	High	
Resistance from community and/or leaders to targeting and participation of youth in MHPSS and peacebuilding interventions based on preexisting age-based discrimination	Medium	
Lack of buy-in from men, women, young men and young women due to inadequate contextualisation of mental health and psychosocial support concepts and programming	Medium	

		<p>sharing with community leaders prior to commencement and throughout. Recognising the limitations of the project, it aims to effect change at an individual and relationship level.</p> <p>In addition to the above mitigation measures, the team invests in building networks with provincial and health authorities, community and religion representatives and youth centres. Three events already took place in Tari to introduce the Programme and initiate the discussion on mental health and peace. Furthermore, the team is in constant communication with health authorities and church / community representatives in Tari.</p>
Worsening of security situation including escalation of inter-group conflict, especially related to elections. Lack of safety for women, young men and young women to attend activities	High	<p>Regular monitoring of the security situation through UNDSS and partners on ground. Safety mapping of sites to ensure safe access. Contingency plans to allow for the interruption of activities and safe transport of participants when the security situation worsens. Engagement of local community-based organizations, PNG Council of Churches and professional individuals to support implementation.</p>
Models of specialist mental health care not culturally relevant to context and/or health staff lacking foundation in MHPSS making training and	Medium	<p>Research included as a project activity will document contextual understandings and practices of MHPSS to support selection and adaptation of</p>

<p>coaching as part of an 18 months project insufficient.</p>		<p>appropriate models of specialist MHPSS in which to train healthcare workers. Capacity building healthcare workers will be tailored to their existing skills and knowledge and include training as well as ongoing coaching throughout the project period to ongoing learning and to avoid a ‘one off’ approach. Participants will be linked with MHPSS providers in Highlands region as well as other regions to form a community of practice for continued learning and sharing between providers for sustainability beyond project end.</p> <p>Before designing the curriculums and rolling out the training, the technical team had meetings and discussions with healthcare staff in Hela Province to ensure the relevance of the content to the specific context.</p> <p>In addition, national staff is involved in the development of the curriculum and activities and give regular feedback regarding the contextualization of the implemented activities.</p> <p>Lastly, the selected service provider (CETA Global) for the development of the curricula and delivery of specialised MHPSS training has extended experience in the Pacific region and country with training and supervision of healthcare and community workers in</p>
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		other provinces (Enga, Bougainville).
Competing priorities for men, women, young men and young women such as daily labour, seasonal paid work, election campaigning.	Medium	Co-design of intervention with men, women and youth, including scheduling. Engagement of appropriate strategies to engage men and boys informed by a Men and Boys Engagement Coordinator. Care for children will be made available for women and adolescent mothers in order to support their attendance while managing caregiving responsibilities.
Environmental/natural disasters such as earthquakes, shocks related to El Nino and La Nina phenomena which manifest in droughts and/or landslides and emergence of non-communicable disease outbreaks (polio, measles, etc.). Humanitarian disasters disrupt any development gains and make women, young men and young women more vulnerable when resources are scarce	Medium	Environmental monitoring. Coordination with emergency preparedness and response programming.
Continuing and/or worsening of the COVID-19 pandemic resulting in higher death and illness rates, full or partial closure of services, limited access to sites due to closures and/or movement restrictions, limits on group gatherings due to social distancing regulations and/or worsening of inter-group violence due to fear relates to increased sickness (eg. Sorcery Accusation Related Violence).	Medium	Provision of PPE to programme staff, volunteers and participants for safe participation. Limits on group participation to allow for social distancing. Site locations identified close to communities to increase likelihood of access during possible movement restrictions. There are no more restrictions related to COVID since November 2022. However the risk of

		new variants and a surge in infections still exists.
Limited project implementation period	High	Prompt commencement of programming including recruitment of staff. Proceed with advertisement of positions prior to commencement of programming. Engagement of existing partners with knowledge of local context and community relationships to facilitate implementation. Capacity building of new community-based groups and local professionals to support implementation.
Changes in Government resulting in new leadership may affect political good will for the project in Tari province	Low	Monitoring of the political situation and maintenance of a broad relationship network to mitigate risk of factional changes. Engagement with provincial administrative staff who are likely to remain in position even with a change in government leadership.
Challenges with partners including staff turnover, and varied levels of capacities, which may disrupt or delay programming.	Medium	The partners envisaged have long term interest in Hela and have human resource capacity able to provide back up to any project specific staffing gaps. IP capacity assessment at programme outset. Investment in partner capacity, including the WPHF grantees through training and ongoing monitoring including by staff on-ground in Tari. Selection of several partners to mitigate risk.
Corruption/Mismanagement of Funds	Medium	IP micro-assessment and selection of partnership modality based on assessment risk rating.

		Frequent IP monitoring including monitoring visits and financial verification of financial transactions using established UN financial rules.
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d) Monitoring and evaluation

Monitoring and evaluation (M&E) for the project will be led by UN Women M&E Specialist. It is anticipated that up to 7% of the project budget will be dedicated to monitoring and evaluation including through quarterly site monitoring visits, baseline and endline assessment. UNFPA monitoring and evaluation focal point will support the project with backstop from UNFPA regional headquarters. The participatory assessment will function as the project baseline in combination with pre-assessments for participants of the group-based MHPSS intervention. Monitoring of service provider learning and service provision will be done through pre/post tests as well as client satisfaction surveys. An endline assessment will be conducted through desk review, FGDs and KIIs to draw learnings and human impact stories from the project.

Monitoring and Evaluation Activity	Cost (USD)	Methodology	Timeframe
Project Baseline	10,000	Selected RUNO agencies to commission a Baseline to confirm the Project per project Integrated Results framework (IRF) and Means of Verification. Includes qualitative survey and semi structured interview questionnaires with Project beneficiaries and Subnational government representative	Jan- September 2022
Quarterly monitoring and field Monitoring	38,000	A joint monitoring tool will be developed to monitor the progress towards project targets	Quarterly
Joint Evaluation	17,000	A joint evaluation will be undertaken for all three PBF projects in the Highlands region.	Feb-March 2024
M&E TOTAL	65,000		

Project exit strategy/ sustainability

Central to the project is the codesign and ownership by the men, women, young men and young women impacted by the conflict. The selection of LEP centres and WGSS as the site for group-based community programming will allow for their continuation beyond the end of this project through complementary funding as well as through the leadership and improved knowledge and skills of community representatives. Already there are efforts to institutionalize the LEP centres to be fully run and managed by the host churches. Investment in persons nominated by the church management and service providers in MHPSS capacities during the project will support ongoing access to more specialised care and better MHPSS outcomes for survivors of violence beyond the project timeline. Knowledge and evidence generated from this intervention will be relevant for other regions in PNG which are challenged by recurring inter-group conflicts. The new knowledge and the MHPSS curriculum will be disseminated with a view to influence the integration of this component in other programmes on peace building and GBV.

The involvement of the local community and practitioners was dynamic throughout the design and implementation stages to ensure ownership and sustainability. **The project is not a standalone one but ensures mainstreaming of MHPSS and peacebuilding activities into other sectors.** More specifically, MHPSS services, including group-based community activities, started being provided in LEP centers, WGSS, and other community safe spaces, creating a solid referral system among service providers. Capacity building of local stakeholders and community-based actors ensures the development of their expertise in a way that will enable them to continue applying their knowledge without external support and supervision. In addition to training, mentoring and supervision during implementation contributes to enhance the leadership skills of service providers and community representatives. **The MHPSS team will also form a community of practice and create peer support systems to ensure continued learning and support beyond the life of the project.**

All project activities aim to ensure ongoing access to more specialised care and better MHPSS outcomes for survivors of violence, beyond the project timeline. Furthermore, linkages to other services and other peacebuilding projects are made, such as livelihoods programmes, aiming to empower women and girls in the long term and reduce intercommunal and intergenerational tensions in the Highlands region.

As of March 2023, the project progressed in terms of community-based capacity building and implementation of community-based activities and has already planned the execution of the activities. The overall aim is sustainability, as the project invests in capacity building, increased available specialised and community services, and strengthens community centres and available MHPSS referral pathways. Lastly, community participation and the support of youth networks throughout the project cycle increase community ownership and continuation of the activities after the end of the project.

IV. Project budget

Provide brief additional information on projects costs, highlighting any specific choices that have underpinned the budget preparation, especially for personnel, travel or other indirect project support, to demonstrate value for money for the project. Proposed budget for all projects must include sufficient funds for an independent evaluation. Proposed budget for projects involving non-UN direct recipients must include funds for independent audit. Fill out **Annex A.2** on project value for money.

Please note that in nearly all cases, the Peacebuilding Fund transfers project funds in a series of performance-based tranches. PBF's standard approach is to transfer project funds in two tranches for UN recipients and three tranches for non-UN recipients, releasing second and third tranches upon

demonstration that performance benchmarks have been met. All projects include the following two standard performance benchmarks: 1) at least 75% of funds from the first tranche have been committed, and 2) all project reporting obligations have been met. In addition to these standard benchmarks and depending on the risk rating or other context-specific factors, additional benchmarks may be indicated for the release of second and third tranches.

Please specify below any context-specific factors that may be relevant for the release of second and third tranches. These may include the successful conduct of elections, passage of key legislation, the standing up of key counterpart units or offices, or other performance indicators that are necessary before project implementation may advance. Within your response, please reflect how performance-based tranches affect project sequencing considerations.

Fill out two tables in the Excel budget **Annex D**.

In the first Excel budget table in Annex D, please include the percentage towards Gender Equality and Women's Empowerment (GEWE) for every activity. Also provide a clear justification for every GEWE allocation (e.g. training will have a session on gender equality, specific efforts will be made to ensure equal representation of women etc.).

Annex A.1: Checklist of project implementation readiness

Question	Yes	No	Comment
Planning			
1. Have all implementing partners been identified? If not, what steps remain and proposed timeline		x	<p>One of the primary implementing partners is implementing. Melanesian Institute has been dropped as they no longer have the capacity to support implementation in this area. Challenges in accessing Hela have also delayed implementation of their work plan. Three to four more additional community based organization are currently being assessed for engagement in this project given their proximity to communities. This</p>

			will be completed by April 2023.
2. Have TORs for key project staff been finalized and ready to advertise? Please attach to the submission	x		All ToRs for key staff have been finalised and are ready for advertisement. All staff are now on board.
3. Have project sites been identified? If not, what will be the process and timeline	x		Project sites identified
4. Have local communities and government offices been consulted/ sensitized on the existence of the project? Please state when this was done or when it will be done.	x		Consultations held with provincial authorities as well as service and community stakeholders for feedback. This done at concept note development stages as well as following feedback on draft proposal (between 17 September and 19 October).
5. Has any preliminary analysis/ identification of lessons learned/ existing activities been done? If not, what analysis remains to be done to enable implementation and proposed timeline?	x		Drawn from prior GYPI assessment
6. Have beneficiary criteria been identified? If not, what will be the process and timeline.		x	Beneficiary criteria will be developed as part of the drafting of the MHPSS peacebuilding curriculum in the first 6 months of the project
7. Have any agreements been made with the relevant Government counterparts relating to project implementation site approaches, Government contribution?		x	Government has been consulted.

8. Have clear arrangements been made on project implementing approach between project recipient organizations?	x		Arrangements have been settled as part of proposal development.
9. What other preparatory activities need to be undertaken before actual project implementation can begin and how long will this take?	N/A		
Gender			
10. Did UN gender expertise inform the design of the project (e.g. has a gender adviser/expert/focal point or UN Women colleague provided input)?	x		Country-based technical specialist as well as regional/HQ WPS specialised design of the project
11. Did consultations with women and/or youth organizations inform the design of the project?	x		Consultations with female community leaders and mobilisers as well as women and youth organisations were done.
12. Are the indicators and targets in the results framework disaggregated by sex and age?		x	While indicators have age and sex disaggregation, the targets have not been included as these will be set based on the levels measured during the baseline and set based on the post feasible achievement possible within the lifetime of the programme. This will be done within the first 3 months of implementation.

13. Does the budget annex include allocations towards GEWE for all activities and clear justifications for GEWE allocations?	x		Yes, included.
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Annex A.2: Checklist for project value for money

Question	Yes	No	Project Comment
1. Does the project have a budget narrative justification, which provides additional project specific information on any major budget choices or higher than usual staffing, operational or travel costs, so as to explain how the project ensures value for money?		x	Details included in budget template
2. Are unit costs (e.g. for travel, consultancies, procurement of materials etc) comparable with those used in similar interventions (either in similar country contexts, within regions, or in past interventions in the same country context)? If not, this needs to be explained in the budget narrative section.	x		Yes
3. Is the proposed budget proportionate to the expected project outcomes and to the scope of the project (e.g. number, size and remoteness of geographic zones and number of proposed direct and indirect beneficiaries)? Provide any comments.	x		Yes
4. Is the percentage of staffing and operational costs by the Receiving UN Agency and by any implementing partners clearly visible and reasonable for the context (i.e. no more than 20% for staffing, reasonable operational costs, including travel and direct operational costs) unless well justified in narrative section?	x		Staffing and operational costs within standard percentages of total budget

5. Are staff costs proportionate to the amount of work required for the activity? And is the project using local rather than international staff/expertise wherever possible? What is the justification for use of international staff, if applicable?	x		Yes. Both international and national staff are included, reflective of the availability national expertise in engaging men and boys in the Highland however limited technical expertise in MHPSS
6. Does the project propose purchase of materials, equipment and infrastructure for more than 15% of the budget? If yes, please state what measures are being taken to ensure value for money in the procurement process and their maintenance/ sustainable use for peacebuilding after the project end.		x	
7. Does the project propose purchase of a vehicle(s) for the project? If yes, please provide justification as to why existing vehicles/ hire vehicles cannot be used.		x	
8. Do the implementing agencies or the UN Mission bring any additional non-PBF source of funding/ in-kind support to the project? Please explain what is provided. And if not, why not.	x		Melanesian Insititute and the Catholic Diocese Men both bring their organization's community development initiatives as resources upon which the programme leverages. For example MI's work extends within the Highlands region.

Annex B.1: Project Administrative arrangements for UN Recipient Organizations

(This section uses standard wording – please do not remove)

The UNDP MPTF Office serves as the Administrative Agent (AA) of the PBF and is responsible for the receipt of donor contributions, the transfer of funds to Recipient UN Organizations, the consolidation of narrative and financial reports and the submission of these to the PBSO and the PBF donors. As the Administrative Agent of the PBF, MPTF Office transfers funds to RUNOS on the basis of the signed Memorandum of Understanding between each RUNO and the MPTF Office.

AA Functions

On behalf of the Recipient Organizations, and in accordance with the undg-approved “Protocol on the Administrative Agent for Multi Donor Trust Funds and Joint Programmes, and One UN funds” (2008), the MPTF Office as the AA of the PBF will:

- Disburse funds to each of the RUNO in accordance with instructions from the PBSO. The AA will normally make each disbursement within three (3) to five (5) business days after having received instructions from the PBSO along with the relevant Submission form and Project document signed by all participants concerned;

- Consolidate the financial statements (Annual and Final), based on submissions provided to the AA by RUNOS and provide the PBF annual consolidated progress reports to the donors and the PBSO;
- Proceed with the operational and financial closure of the project in the MPTF Office system once the completion is completed by the RUNO. A project will be considered as operationally closed upon submission of a joint final narrative report. In order for the MPTF Office to financially closed a project, each RUNO must refund unspent balance of over 250 USD, indirect cost (GMS) should not exceed 7% and submission of a certified final financial statement by the recipient organizations' headquarters);
- Disburse funds to any RUNO for any cost extension that the PBSO may decide in accordance with the PBF rules & regulations.

Accountability, transparency and reporting of the Recipient United Nations Organizations

Recipient United Nations Organizations will assume full programmatic and financial accountability for the funds disbursed to them by the Administrative Agent. Such funds will be administered by each RUNO in accordance with its own regulations, rules, directives and procedures.

Each RUNO shall establish a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent from the PBF account. This separate ledger account shall be administered by each RUNO in accordance with its own regulations, rules, directives and procedures, including those relating to interest. The separate ledger account shall be subject exclusively to the internal and external auditing procedures laid down in the financial regulations, rules, directives and procedures applicable to the RUNO.

Each RUNO will provide the Administrative Agent and the PBSO (for narrative reports only) with:

Type of report	Due when	Submitted by
Semi-annual project progress report	15 June	Convening Agency on behalf of all implementing organizations and in consultation with/ quality assurance by PBF Secretariats, where they exist
Annual project progress report	15 November	Convening Agency on behalf of all implementing organizations and in consultation with/ quality assurance by PBF Secretariats, where they exist

End of project report covering entire project duration	Within three months from the operational project closure (it can be submitted instead of an annual report if timing coincides)	Convening Agency on behalf of all implementing organizations and in consultation with/ quality assurance by PBF Secretariats, where they exist
Annual strategic peacebuilding and PBF progress report (for PRF allocations only), which may contain a request for additional PBF allocation if the context requires it	1 December	PBF Secretariat on behalf of the PBF Steering Committee, where it exists or Head of UN Country Team where it does not.

Financial reporting and timeline

Timeline	Event
30 April	Annual reporting – Report Q4 expenses (Jan. to Dec. of previous year)
<i>Certified final financial report to be provided by 30 June of the calendar year after project closure</i>	

UNEX also opens for voluntary financial reporting for UN recipient organizations the following dates

31 July	Voluntary Q2 expenses (January to June)
31 October	Voluntary Q3 expenses (January to September)

Unspent Balance exceeding USD 250, at the closure of the project would have to be refunded and a notification sent to the MPTF Office, no later than six months (30 June) of the year following the completion of the activities.

Ownership of Equipment, Supplies and Other Property

Ownership of equipment, supplies and other property financed from the PBF shall vest in the RUNO undertaking the activities. Matters relating to the transfer of ownership by the RUNO shall be determined in accordance with its own applicable policies and procedures.

Public Disclosure

The PBSO and Administrative Agent will ensure that operations of the PBF are publicly disclosed on the PBF website (www.un.org/peacebuilding/fund) and the Administrative Agent's website (www.mptf.undp.org).

Annex B.2: Project Administrative arrangements for Non-UN Recipient Organizations

(This section uses standard wording – please do not remove)

Accountability, transparency and reporting of the Recipient Non-United Nations Organization:

The Recipient Non-United Nations Organization will assume full programmatic and financial accountability for the funds disbursed to them by the Administrative Agent. Such funds will be administered by each recipient in accordance with its own regulations, rules, directives and procedures.

The Recipient Non-United Nations Organization will have full responsibility for ensuring that the Activity is implemented in accordance with the signed Project Document;

In the event of a financial review, audit or evaluation recommended by PBSO, the cost of such activity should be included in the project budget;

Ensure professional management of the Activity, including performance monitoring and reporting activities in accordance with PBSO guidelines.

Ensure compliance with the Financing Agreement and relevant applicable clauses in the Fund MOU.

Reporting:

Each Receipt will provide the Administrative Agent and the PBSO (for narrative reports only) with:

Type of report	Due when	Submitted by
Bi-annual project progress report	15 June	Convening Agency on behalf of all implementing organizations and in consultation with/ quality assurance by PBF Secretariats, where they exist
Annual project progress report	15 November	Convening Agency on behalf of all implementing organizations and in consultation with/ quality assurance by PBF Secretariats, where they exist
End of project report covering entire project duration	Within three months from the operational project closure (it can be submitted instead of an annual report if timing coincides)	Convening Agency on behalf of all implementing organizations and in consultation with/ quality assurance by PBF Secretariats, where they exist
Annual strategic peacebuilding and PBF progress report (for PRF allocations only), which may contain a request for additional PBF allocation if the context requires it	1 December	PBF Secretariat on behalf of the PBF Steering Committee, where it exists or Head of UN Country Team where it does not.

Financial reports and timeline

Timeline	Event
28 February	Annual reporting – Report Q4 expenses (Jan. to Dec. of previous year)
30 April	Report Q1 expenses (January to March)
31 July	Report Q2 expenses (January to June)
31 October	Report Q3 expenses (January to September)
<i>Certified final financial report to be provided at the quarter following the project financial closure</i>	

Unspent Balance exceeding USD 250 at the closure of the project would have to be refunded and a notification sent to the Administrative Agent, no later than three months (31 March) of the year following the completion of the activities.

Ownership of Equipment, Supplies and Other Property

Matters relating to the transfer of ownership by the Recipient Non-UN Recipient Organization will be determined in accordance with applicable policies and procedures defined by the PBSO.

Public Disclosure

The PBSO and Administrative Agent will ensure that operations of the PBF are publicly disclosed on the PBF website (www.un.org/peacebuilding/fund) and the Administrative Agent website (www.mptf.undp.org).

Final Project Audit for non-UN recipient organization projects

An independent project audit will be requested by the end of the project. The audit report needs to be attached to the final narrative project report. The cost of such activity must be included in the project budget.

Special Provisions regarding Financing of Terrorism

Consistent with UN Security Council Resolutions relating to terrorism, including UN Security Council Resolution 1373 (2001) and 1267 (1999) and related resolutions, the Participants are firmly committed to the international fight against terrorism, and in particular, against the financing of

terrorism. Similarly, all Recipient Organizations recognize their obligation to comply with any applicable sanctions imposed by the UN Security Council. Each of the Recipient Organizations will use all reasonable efforts to ensure that the funds transferred to it in accordance with this agreement are not used to provide support or assistance to individuals or entities associated with terrorism as designated by any UN Security Council sanctions regime. If, during the term of this agreement, a Recipient Organization determines that there are credible allegations that funds transferred to it in accordance with this agreement have been used to provide support or assistance to individuals or entities associated with terrorism as designated by any UN Security Council sanctions regime it will as soon as it becomes aware of it inform the head of PBSO, the Administrative Agent and the donor(s) and, in consultation with the donors as appropriate, determine an appropriate response.

Non-UN recipient organization (NUNO) eligibility:

In order to be declared eligible to receive PBF funds directly, NUNOs must be assessed as technically, financially and legally sound by the PBF and its agent, the Multi Partner Trust Fund Office (MPTFO). Prior to submitting a finalized project document, it is the responsibility of each NUNO to liaise with PBSO and MPTFO and provide all the necessary documents (see below) to demonstrate that all the criteria have been fulfilled and to be declared as eligible for direct PBF funds.

The NUNO must provide (in a timely fashion, ensuring PBSO and MPTFO have sufficient time to review the package) the documentation demonstrating that the NUNO:

- ☐ Has previously received funding from the UN, the PBF, or any of the contributors to the PBF, in the country of project implementation.
- ☐ Has a current valid registration as a non-profit, tax exempt organization with a social based mission in both the country where headquarter is located and in country of project implementation for the duration of the proposed grant. (**NOTE:** If registration is done on an annual basis in the country, the organization must have the current registration and obtain renewals for the duration of the project, in order to receive subsequent funding tranches).
- ☐ Produces an annual report that includes the proposed country for the grant.
- ☐ Commissions audited financial statements, available for the last two years, including the auditor opinion letter. The financial statements should include the legal organization that will sign the agreement (and oversee the country of implementation, if applicable) as well as the activities of the country of implementation. (**NOTE:** If these are not available for the country of proposed project implementation, the CSO will also need to provide the latest two audit reports for a program or project-based audit in country.) The letter from the auditor should also state whether the auditor firm is part of the nationally qualified audit firms.
- ☐ Demonstrates an annual budget in the country of proposed project implementation for the previous two calendar years, which is at least twice the annualized budget sought from PBF for the project.¹⁸

¹⁸ Annualized PBF project budget is obtained by dividing the PBF project budget by the number of project duration months and multiplying by 12.

- ☐ Demonstrates at least 3 years of experience in the country where grant is sought.
- ☐ Provides a clear explanation of the CSO's legal structure, including the specific entity which will enter into the legal agreement with the MPTF-O for the PBF grant.

Annex C: Project Results Framework (MUST include sex- and age disaggregated targets)

Annex C: Project Results Framework (MUST include sex- and age disaggregated targets)

Updated Results Framework (MUST include sex- and age disaggregated targets)

Outcomes	Outputs	Indicators	Means of Verification/ frequency of collection	Indicator milestones
<p>Outcome 1:</p> <p>Conflict related trauma especially among affected men women, young men and young women in Hela Province is addressed as part of peacebuilding and conflict prevention efforts.</p>		<p>Outcome Indicator 1a</p> <p>Percentage of men, women, young men, young women in project sites reporting improved understanding of the gendered, age specific impacts and drivers of conflict including trauma.</p> <p>Baseline: 40%</p> <p>Target: 80%</p>	Survey and monitoring and quarterly reports.	
		<p>Outcome Indicator 1b</p> <p>Percentage of affected men, women, young women and men in project sites who report improved mental health and psychosocial wellbeing to address conflict related trauma.</p> <p>Baseline: 0%</p> <p>Target: 75%</p>	Survey and monitoring and quarterly reports.	
		<p>Outcome Indicator 1c</p> <p>Percentage of men, women, young women and young men in project sites who report applying MHPSS and social and emotional skills to local peacebuilding processes.</p> <p>Baseline: 3,7%</p> <p>Target: 50%</p>	Survey and monitoring and quarterly reports.	
	<p>Output 1.1</p> <p>Knowledge and evidence on gendered and age-specific impacts of conflict and gender/age differences in response to conflict-related trauma are generated</p> <p>Activity 1.1.1</p> <p>Design and implementation of gender and age-focused MHPSS and</p>	<p>Output Indicator 1.1.1</p> <p>Number of research/knowledge products on gender and age specific impacts and drivers of conflict including conflict related trauma.</p> <p>Baseline: 0 Target: 1</p>	<ul style="list-style-type: none"> - Research - Data Collected 	

	<p>peacebuilding participatory assessment ongoing ongoing</p> <p>Activity 1.1.2 Validation of findings through workshop/s. to commence during the extension period</p> <p>Activity 1.1.3 Printing and dissemination of research findings. To commence during the extension period</p>			
	<p>Output 1.2 Community stakeholders, including local CSOs, are able to integrate psychosocial support to address conflict-related trauma as part of conflict prevention and peacebuilding efforts (curriculum development and training and coaching of facilitators)</p>	<p>Output Indicator 1.2.1 Number of community based MHPSS and peacebuilding curricula developed through support of the project.</p> <p>Baseline: 0 Target: 1</p>	- MHPSS approved curriculum	
	<p>Activity 1.2.1 Development of MHPSS and peacebuilding curriculum and supporting tools and supporting materials. completed</p>	<p>Output Indicator 1.2.2 Number of community mobilisers (disaggregated by sex and age) trained to delivery MHPSS and peacebuilding curriculum</p> <p>Baseline: 55 (LEP community mobilizers) Target: 65</p>	<ul style="list-style-type: none"> - Participant's list - Monitoring Report 	
	<p>Activity 1.2.2 Training including initial training and quarterly refreshers of community facilitators and local CSO staff ongoing</p> <p>Activity 1.2.3 Field supervision and coaching of community mobilisers and local CSO staff ongoing</p> <p>Activity 1.2.4 Equipping of spaces for group activities To commence during the extension period</p>	<p>Output Indicator 1.2.3 Percentage of community mobilisers trained on the MHPSS and peacebuilding curriculum with improved knowledge, skills and efficacy in its delivering.</p> <p>Baseline: 20% Target: 75%</p>	<ul style="list-style-type: none"> - Participant's list - Pre/post test - Monitoring Report 	

	Output 1.3 Local MHPSS and health workers have increased skills and knowledge to improve mental health and well-being to address traumatic impacts of conflict-related violence	Output Indicator 1.3.1 Number of health workers (disaggregated by sex and age) who enrolled in training on specialised MHPSS. Baseline: 0 Target: 20 (Men: 10 Women: 10)	- Participant's list - Monitoring Report	
	Activity 1.3.1 Initial training for health facility-based service providers To commence during the extension period	Output Indicator 1.3.2 Number of community-based workers (disaggregated by sex and age) who enrolled in training on specialised MHPSS. Baseline: 0 Target: 20 (Men: 10 Women: 10)	- Participant's list - Monitoring Report	
	Activity 1.3.2 Ongoing coaching and structured supervision for facility-based providers on specialised MHPSS To commence during the extension period	Output Indicator 1.3.3 Percentage of health workers (disaggregated by sex and age) with improved knowledge, skills and efficacy in specialised MHPSS. Baseline: 30% Target: 85%	- Participant's list - Pre/post test - Monitoring Report	
	Activity 1.3.3 Development and dissemination of learning and service materials ongoing	Output Indicator 1.3.4 Percentage of community-based workers (disaggregated by sex and age) with improved knowledge, skills and efficacy in specialised MHPSS Baseline: 30% Target: 75%	- Participant's list - Pre/post test - Monitoring Report	
	Activity 1.3.4 Initial training for community-based MHPSS providers on specialised MHPSS To commence during the extension period			
	Activity 1.3.5 Ongoing coaching and structured supervision for community-based providers on specialised MHPSS To commence during the extension period			
	Output 1.4 Women, men, young women and young men affected by conflict are able to harness MHPSS to promote mental health and develop social and emotional skills to contribute to local peacebuilding processes	Output Indicator 1.4.1 Number of men, women, young women and young men enrolled in group-based MHPSS activities supported by the project. Baseline: 0 Target: 200 Men: 50 Women: 50 Young Men: 50	- Attendance list - Monitoring and activity report	

	Activity 1.4.1 Sensitisation of community leaders and communities in MHPSS to ensure support for programming. ongoing	Young Women: 50		
	Activity 1.4.2 Non-specialised group-based MHPSS sessions based on integrated peacebuilding and MHPSS curriculum for men, women, young men and young women ongoing	Output Indicator 1.4.2 Percentage of women, men and male and female youths reported to complete at least half of the group-based MHPSS activities supported by the project. Baseline: 0 Target: 60%	- Monitoring and quarterly report	
		Output 1.4.3 Percentage of women, men and male and female youth who have engaged in at least half of group sessions who report increased social and emotional skills for conflict resolution, prevention and recovery. Baseline: 0 Target: 60%	- Community survey and monitoring report.	