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United Nations  
Peacebuilding

**PBF PROJECT PROGRESS REPORT**

*January 2022 to April 2024*

**COUNTRY:** Papua New Guinea

**TYPE OF REPORT:** FINAL

**YEAR OF REPORT:** 2024

**PROJECT OVERVIEW**

<b>Project Title:</b> Gender transformative psychosocial support for peace and community resilience in Hela Province, Papua New Guinea <b>Project Number from MPTF-O Gateway:</b> 00130034			
<b>If funding is disbursed into a national or regional trust fund:</b> <input type="checkbox"/> Country Trust Fund <input type="checkbox"/> Regional Trust Fund  <b>Name of Recipient Fund:</b>	<b>Type and name of recipient organizations:</b>  <b>United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) (Convening Agency)</b>  <b>United Nations Population Fund (UNFPA)</b>		
<b>Date of first transfer:</b> 10 January 2022 <b>Project end date:</b> 6 April 2024 <b>Has this project received a cost or no cost extension?</b> Yes; no cost extension. <b>Will this project be requesting a cost or no-cost extension?</b> No. <b>Is the current project end date within 6 months?</b> No, the project ended in April 2024.			
<b>Check if the project falls under one or more PBF priority windows:</b> <input checked="" type="checkbox"/> Gender promotion initiative <input checked="" type="checkbox"/> Youth promotion initiative <input type="checkbox"/> Transition from UN or regional peacekeeping or special political missions <input type="checkbox"/> Cross-border or regional project			
<b>Total PBF approved project budget (by recipient organization):</b> <ul style="list-style-type: none"> <li>● Please enter the total amounts in full US dollars allocated to each recipient organization</li> <li>● Please enter the original budget amount, amount transferred to date and estimated expenditure by recipient.</li> <li>● For cross-border projects, group the amounts by agency, even where transfers are made to different country offices. You can provide the detail in the attached budget.</li> </ul>			
<b>Recipient organisation</b>	<b>Budget Allocated (in full USD)</b>	<b>Amount Transferred to date (in full USD)</b>	<b>Amount spent / committed to date (in full USD)</b>
UN Women	<b>741,371.11</b>	<b>518,959.78</b>	<b>374,543.00</b>
UNFPA	<b>758,628.89</b>	<b>531,040.22</b>	<b>501,915.58</b>

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<b>TOTAL</b>	<b>1,500,000.00</b>	<b>1,050,000.00</b>	<b>876,458.58</b>

Approximate implementation rate as percentage of total project budget: 58.43%

\*ATTACH PROJECT EXCEL BUDGET SHOWING CURRENT APPROXIMATE EXPENDITURE\*

The budget templates are available [here](#)

**Implementing partners**

To how many implementing partners has the project transferred money to date?

Please list all of the project's implementing partners and the amounts (in USD) transferred to each to date:

<i>Name of Implementing Partner</i>	<i>Type of Organization (ex. Govt, civil society, etc.)</i>	<i>What is the total amount (in USD) disbursed to the implementing partner to date during this reporting period</i>	<i>Briefly describe the main activities carried out by the Implementing Partner (1500 characters)</i>
Papua New Guinea Council of Churches (PNGCC)	Civil society	28,665.00	PNGCC, through its Christian Women's Association, conducted consultations on causes and effects of conflict in churches and later enhanced the capacity of Christian women groups on how to address conflicts, promote peace and improve mental health of women and girls, men and boys affected by tribal fights, sorcery accusation related violence, gender-based violence (GBV) and many other social issues. During the same period, men and women received information on peacebuilding and mental health and psychosocial support (MHPSS). PNGCC Christian Women Leaders reached 7 mainline churches, PNGCC secretariat staff, lifeline counselling and refuge centres. 52 women representatives of mainline churches in Tari participated in consultations and training.

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Komo Youth for Change	Civil society	27,573.00	Komo Youth for Change empowered disadvantaged youth, including orphans in the Komo Hulia District, with livelihood skills and peacebuilding initiatives. Youth received training and farming inputs and strengthened youth networks in Komo advocating for sustainable peace.
Hela Orphans Hope Centre	Civil society	27,573.00	Hela Orphans Hope Centre in close collaboration with Hela Women in Peacebuilding groups improved mental health and psychosocial well-being of marginalized groups (women, girls and youth) through livelihood skill-building and basic counselling services.
Catholic Diocese of Mendi	Faith-based organization	45,000.00	The Diocese of Mendi operates learning, empowerment, and protection (LEP) centres and safe spaces for women and girls in project locations across Hela Province. It provided a variety of activities for youth groups, including music, sports and gardening. The community spaces of the Diocese of Mendi were used for different project activities, such as community film screenings, celebration of international days and concerts. The Diocese runs a school and community health facility and supports the project through community engagement and the facilitation of administrative tasks.

**Gender-responsive Budgeting:**

Indicate what percentage (%) of the budget contributes gender equality or women's empowerment (GEWE) as per the project document? 95.28 per cent

Indicate dollar amount from the project document to contribute to gender equality or women's empowerment: USD 1,429,200.00

Amount expended to date on efforts contributing to gender equality or women's empowerment: USD 835,089.74

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**Project Gender Marker: 3**

**Project Risk Marker: 1**

**Project PBF focus area: 2.3 Conflict Prevention Management**

**Steering Committee and Government engagement**

Does the project have an active steering committee/ project board?

Yes. The steering committee consists of the head of programmes and the deputy representatives of UN Women and UNFPA; the UNFPA MHPSS Specialist, UN Women's Women, Peace and Security Analyst, and UN Women's Men and Boys Coordinator.

If yes, please indicate how many times the Project Steering Committee has met over the last 6 months? (3000 characters)

The project steering committee met three times during the final six months of the project (October 2023–April 2024). During the reporting period, a smaller technical team consisting of the MHPSS Specialist; the Women, Peace and Security Analyst; and Men and Boys Coordinator met five times to discuss project implementation.

Please provide a brief description of any engagement that the project has had with the government over the last 6 months. Please indicate what level of government the project has been engaging with (3000 characters).

The project has engaged with the Hela Provincial Authority, including various government agencies (health, education, police, correctional services, law and justice) and other key stakeholders, such as the Family Support Centre, the Directorate of Social Change and Mental Health, representatives of council wards, LEP coordinators and representatives of women's and youth's groups to ensure alignment with provincial and community needs and address psychosocial support and community resilience issues in the Highlands context. Furthermore, the discussions and collaboration focused on the integration of MHPSS activities into government services (such as the Family Support Centre) and the strengthening of community-based psychosocial support.

**Report preparation:**

Project report prepared by: Goodshow Bote, UN Women Monitoring and Evaluation (M&E) Specialist; Stella Dermosoniadi, UNFPA MHPSS Specialist; and Elis Wafiware, UNFPA M&E Specialist.

Project report approved by: Adekemi Ndieli, UN Women Country Representative in Papua New Guinea, Saira Shameem, UNFPA Country Representative in Papua New Guinea and Tony Cameron, Peace and Development Advisor, Resident Coordinator Office.

Have all fund recipients for this project contributed to the report? Yes.

Did PBF Secretariat or RCO focal point review the report? Yes.

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**NOTES FOR COMPLETING THE REPORT:**

- Avoid acronyms and UN jargon, use general /common language.
- Report on what has been achieved in the reporting period, not what the project aims to do.
- Be as concrete as possible. Avoid theoretical, vague or conceptual discourse.
- Ensure the analysis and project progress assessment is gender and age sensitive.
- In the results table, please be concise, you will have 3000 characters, including blank spaces to provide your responses

**PART I: OVERALL PROJECT PROGRESS**

Please rate the implementation status of the following preliminary/preparatory activities (*Not Started, Initiated, partially Completed, Completed, Not Applicable*):

Contracting of Partners	Completed
Staff Recruitment	Completed
Collection of baselines	Completed
Identification of beneficiaries	Completed

Provide any additional descriptive information relating to the status of the project, including whether preliminary/preparatory activities have been completed (i.e. contracting of partners, staff recruitment, etc.) (*3000 characters*):

**Contracting of partners is completed:** UN Women contracted three civil society organizations (CSOs), including Komo Youth for change, Hela Orphans Hope Centre and PNGCC through a small grant. The grant enhanced the capacity of the CSOs to implement MHPSS services as well as peacebuilding activities. The CSOs expanded their activities in Hela Province by conducting community mobilization, advocacy, and awareness on sustainable peace in Hela province. In addition, the Catholic Diocese of Mendi was engaged in facilitating work with youth groups, ensuring the continuation of activities when the project team did not have access to Hela Province due to security restrictions.

**Staff recruitment completed:** The project staff members in charge of implementation (the MHPSS Specialist and UN Women’s Men and Boys Coordinator) have been on board since August 2022 and the Women, Peace and Security Analyst has been on board since August 2022. The project recruited a consultant to carry out research on the gender- and age-specific impacts and drivers of conflict including conflict-related trauma.

**Collection of baselines completed and revised:** The collection of baselines was conducted in September 2022.

**Identification of beneficiaries completed:** Target beneficiaries were identified during project design. UN Women and UNFPA further collaborated with implementing partners, CSOs and stakeholders to identify participants for peacebuilding and MHPSS activities.

**Design of training packages completed:** Diverse contextualized training materials were developed throughout the implementation of the project, focusing on community (such as LEP

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centres and grassroots organizations) and faith-based organizations, youth groups, health workers, and other community members who often act on the front lines in critical incidents or have a significant role within their communities. The training packages include content on comprehensive psychological first aid (PFA), including communication skills and self-care, counselling skills, strengthening of referral pathways, community engagement and psychosocial community support activities. All training modules integrate MHPSS into peacebuilding to address the underlying trauma individuals, families and communities experience which contributes to conflict.

**Design of psychosocial-support community-based activities completed:** Community mobilizers were trained to implement activities on the ground and engage their communities. Pilot activities began in March 2023; full-scale implementation started in May 2023 and ended in March 2024. The activities were developed in consultation with the communities, and the manual that was developed under this project works as a guiding tool for community engagement and the provision of psychosocial support activities.

**Project review:** The project targets, areas of implementation, progress and budget were reviewed, and acceleration plans were developed to support the implementation and completion of project activities and achievement of all expected goals and objectives.

*Describe overall project progress made during the reporting period (for June reports: January-June; for November reports: January-November; for final reports: full project duration). Do not list individual activities. If the project is starting to make/has made a difference at the outcome level, provide specific evidence for the progress (quantitative and qualitative) and explain how it impacts the broader political and peacebuilding context.*

**Is the project on track for the timely completion of outputs as indicated in the workplan?**

If no, please provide an explanation (6000 characters):

Project progress summary (6000 characters):

Output 1.1: UN Women engaged a consultant to conduct research on gender- and age-specific impacts and drivers of conflict including conflict-related trauma. Unfortunately, the report did not meet UN Women requirements and the consultant was requested to redo the research.

Output 1.2: During the reporting period, 382 people (86 men, 115 women, 86 young men, 95 young women) enhanced their knowledge, skills and capacity through MHPSS group activities that were designed and conducted (art therapy, sports, stress management techniques, music, storytelling, gardening and cultural activities such as bilum making) in close collaboration with communities in ways that are culturally sensitive and gender- and age-appropriate.

UNFPA developed a curriculum on community-based activities in collaboration with the communities to ensure that the activities are context-related and inclusive, and trained 69 (38 men and 31 women) community mobilizers on conducting the activities. The curriculum includes modules on the integration of MHPSS into peacebuilding, community engagement, and psychosocial support activities.

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Art-based, environmentally friendly and low-cost activities (e.g., using materials accessible to everyone, such as wood and empty soft drink tins) have many benefits, including facilitating the participants' processing of different emotions and ability to express their thoughts and feelings using a projective tool. The availability of community-based activities contributes to conflict resolution by reducing collective tension, building positive coping mechanisms, and creating community networks.



*Figure 1: MPHSS Group Counselling Training (UNFPA 2023)*

Four supervision sessions were organized to ensure the continuity of activities even after the end of this project.

Women, youth and church groups working in Peacebuilding and MHPSS were empowered by UN Women socially, economically and psychologically with equipment for economic and social activities, including sewing machines, farming equipment, seedlings, a tent and musical instruments. The activities facilitated the process of community healing from conflict-related trauma and restored some livelihood activities.

The group, Tagali Women for Change, met regularly to discuss challenges they face and their economic activities. The members have already financial benefits and are now self-sustaining.



*Figure 2: MHPSS livelihood equipment demonstration (Credit: UN Women February 2024)*

Tigibi Youth Hub engaged youth who were known to have been involved in tribal fights in the building of a youth hub for peacebuilding activities. Komo Youth for Change expanded their moto of “drop guns and pick up a ball” by fostering participation in agriculture. The activities keep the youth busy and away from conflict.

During community dialogues it was noted that MHPSS enabled women and men who received psychosocial support training to cope with trauma as well as support their relatives and communities with learned strategies.

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Output 1.3: UNFPA planned specialized training on psychological and psychiatric conditions, substance abuse and counselling skills in February 2024 in collaboration with the Common Elements Treatment Approach (CETA) team, a group of five Johns Hopkins staff. Following a serious road accident involving seven training participants, the training was cancelled to avoid causing further harm. The UNFPA team actively engaged community members and communicated with all 40 participants, and negotiated with the families of the injured participants and other participants who were in conflict.

Previously, 28 people in Hela Province, including 12 health care workers (5 men, 7 women) and 16 community health workers (8 men, 8 women) were trained by UNFPA on counselling skills, trauma-informed support, identification of signs of distress and referral pathways, stress management and vicarious trauma. These training sessions helped participants to support people in need of specialized mental health care and created a link between health care and community-based services.

Output 1.4: Communities collaborated on designing local activities to improve psychosocial well-being, helping to ensure that they are context-, gender- and age-appropriate.

During the reporting period, UN Women in partnership with UNFPA, CSOs and PNGCC Mental Health raised community awareness in Hela Province targeting different communities. The awareness sessions on mental health, GBV, sorcery accusation-related violence, and tribal conflict, were conducted during community training on baking, sewing, and gardening.



*Figure 3: PNGCC-UN Women Outreach in Tari November 2023 (Credit: UN Women 2023)*

PNGCC conducted community outreach activities on peacebuilding and MHPSS reaching approximately 3,000 women, men and youth. An eight-day consultation conference led by PNGCC Christian Women Leaders included 60 national and local church leaders.

UNFPA in partnership with UN Women trained religious leaders and peace mediation teams (established by the United Nations Development Programme [UNDP]) to support them in positively impacting their communities and effectively contributing to conflict prevention, resolution and psychosocial support.



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Several community events, including film screenings and concerts were held across Hela Province to increase awareness of disability and gender equality. A total of 481 people (191 men, 153 women, 66 young men, 71 young women) came together in safe spaces to peacefully participate in the events. 14 young women and 9 young men were trained to become advocates



Figure 5: Youth, men and women MHPSS awareness sessions (Credit: UNFPA 2023)

against technology-facilitated GBV.

Healing ceremonies in collaboration with the Catholic, United and Seventh-Day Adventist churches were introduced to pray, build resilience and encourage forgiveness and to bring different communities together in safe places (churches). Furthermore, healing ceremonies highlighted the healing power of culture and togetherness.

Indicate any additional analysis on how Gender Equality and Women's Empowerment and/or Youth Inclusion and Responsiveness has been ensured by the project to date (3000 characters):

The primary target for the MHPSS project was women, youth, and people with disabilities. UN Women and UNFPA engaged women CSOs such as Magarima women and youth groups. Apart from working with women and youth groups, UN Women and UNFPA enhanced the capacity of women community mobilizers, counsellors, activists and coordinators of LEP centres to ensure project implementation upheld principles of gender equality and women's empowerment and/or youth inclusion and responsiveness.

UNFPA held photography workshops with 103 young participants (61 young men and 42 young women). The workshops focused on self-exploration, community peace and young people's needs and potential. Participants were taught photography and storytelling skills and collaborated on exhibitions held in Tari and Port Moresby, increasing youth visibility as active agents of peace.

Output 1.1:

Is the project 1+ year in implementation?

Yes

**FOR PROJECTS 1+ YEAR IN IMPLEMENTATION ONLY:**

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**Is the project demonstrating outcome-level peacebuilding results?**

*Outcome-level peacebuilding results entail results achieved at the societal or structural level, including changed attitudes, behaviours or institutions.*

If yes, please provide concrete examples of such peacebuilding results (6000 characters):

Women and men and young women and young men in Hela Province improved their psychosocial well-being by gaining knowledge and skills on managing conflict-related psychosocial trauma. Economic empowerment and social activities such as ball games improved the psychosocial and economic well-being of women and girls. The project further strengthened women and youth groups in Hela Province through the procurement and distribution of livelihood and sporting equipment. Livelihood and sporting activities helped survivors of conflict to overcome conflict-related trauma and resolve conflict without violence.



*Figure 6: Photography workshop with youth groups (Credit: UNFPA, 2023)*

In Hela Province women and men have increased knowledge on peacebuilding, conflict resolution and MHPSS. UN Women and UNFPA enhanced the capacity of community mobilizers, LEP coordinators, youth and women on peacebuilding, conflict resolution and MHPSS with a special focus on counselling. The project initiatives increased service provision to survivors of conflict related trauma. The trained men and women provided support to their relatives and friends to overcome mental health stress. Increased messages on peacebuilding led to women, men and youth to increase self-awareness and act against conflict in their communities. The Tigibi Youth Hub and Komo Bosavi women LEP centre were formed after attending peacebuilding initiatives and MHPSS trainings. Tigibi youth built a youth centre for their activities on a site where killings had taken place. Komo Bosavi women LEP centre provides livelihood training such as sewing and baking to women and girls as a coping mechanism for conflict-related trauma. Komo Youth for Change expanded their peacebuilding initiatives beyond the moto “drop guns and pick up a ball” to farming with UN Women support.

Community mobilizers, including peace mediators, shared that building their capacity in PFA, lay counselling and communication skills helped them address conflict and build community resilience after crisis events.

If yes, please provide sources or references (including links) as evidence of peacebuilding results, or submit them as additional attachments.

*Evidence may be quantitative or qualitative but needs to demonstrate progress against outcome indicators in the project results framework.*

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Sources may include project surveys (such as perception surveys), monitoring reports, government documents, or other knowledge products that have been developed by the project.

Links:

1. Peace mediator uses skills to deliver peace in local level government  
<https://png.unfpa.org/en/news/peace-mediator-uses-skills-deliver-peace-local-llg>
2. Mental health is a human right says Hela women leader Alice Bibe  
<https://png.unfpa.org/en/news/mental-health-human-right-says-hela-women-leader-alice-bibe>

**PART II: PROJECT RESULTS FRAMEWORK**

**Using the Project Results Framework as per the approved project document or any amendments, provide an update on the achievement of key outcome and output indicators in the table below.**

- If the outcome has more than 3 indicators, select the 3 most relevant ones with most relevant progress to highlight.
- If the outcome has more than 5 outputs, please select 5 of the most relevant outputs per outcome, and provide an update on the progress made against 3 most relevant output indicators.
- Where it has not been possible to collect data on indicators, state this and provide any explanation. Provide gender and age disaggregated data. (500 characters max per entry).

**Outcome 1:** 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.

**Using the Project Results Framework as per the approved project document or any amendments- provide an update on the achievement of key outcome indicators for Outcome 1 in the table below**

Outcome indicators	Indicator baseline	End of project indicator target	Indicator progress to date	Reasons for variance/ delay (if any)
Indicator 1a Percentage of women, men, young women and young men in project sites reporting improved understanding of the gender- and age-specific impacts and drivers of conflict including trauma	40%	80%	100%	All the beneficiaries who participated in the assessment dialogues and interviews identified a women, girls, people with disabilities and children as the most affected group. The community also identified women, land and pig disputes as the main drivers of conflict and trauma. Men fight over women because of adultery, bride price. A

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<b>Outcome indicators</b>	<b>Indicator baseline</b>	<b>End of project indicator target</b>	<b>Indicator progress to date</b>	<b>Reasons for variance/ delay (if any)</b>
				conflict between two individuals will involve tribe causing tribal fights and abuse of women.
Indicator 1b Percentage of affected women, men, young women and young men in project sites who report improved mental health and psychosocial well-being to address conflict-related trauma	0%	75%	100%	All women, men and youth who participated in MHPSS group sessions and trainings reported improvements as it was their first time getting such support.
Indicator 1c Percentage of women, men, young women and young men in project sites who report applying MHPSS and social and emotional skills to local peacebuilding processes	37%	50%	93.8% (56.3 women, 37.5 men)	15 participants who attended MHPSS training reported that they were applying MHPSS and social and emotional skills to local peacebuilding processes with their communities.

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

<b>Output indicators</b>	<b>Indicator baseline</b>	<b>End of project indicator target</b>	<b>Indicator progress to date</b>	<b>Reasons for variance/ delay (if any)</b>
Indicator 1.1.1 Number of research/knowledge products on gender- and age-specific impacts and drivers of conflict including conflict-related trauma	0	1	1	The research was conducted and the report is being finalized.

**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).

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<b>Output indicators</b>	<b>Indicator baseline</b>	<b>End of project indicator target</b>	<b>Indicator progress to date</b>	<b>Reasons for variance/ delay (if any)</b>
Indicator 1.2.1 Number of community based MHPSS and peacebuilding curricula developed through the support of the project	0	1	1	The community based MHPSS and peacebuilding curriculum was developed and distributed to trained community mobilizers.
Indicator 1.2.2 Number of community mobilizers (disaggregated by sex and age) trained to deliver the MHPSS and peacebuilding curriculum	55 (LEP community mobilizers)	65	69 community mobilizers trained (31 women, 38 men)	69 community mobilizers from various organizations (LEP centres, faith-based organizations, youth networks and grass-roots organizations) received a five-day refresher training on MHPSS and peacebuilding. 59 of the participants attended a series of four supervision sessions.
Indicator 1.2.3 Percentage of community mobilizers trained on the MHPSS and peacebuilding curriculum with improved knowledge, skills and efficacy in delivering it	20%	75%	87.5%	87.5% of 15 men and women trained reported an increase in social and emotional skills for conflict resolution, prevention and recovery.

**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

<b>Output indicators</b>	<b>Indicator baseline</b>	<b>End of project indicator target</b>	<b>Indicator progress to date</b>	<b>Reasons for variance/ delay (if any)</b>
Indicator 1.3.1 Number of health workers (disaggregated by sex and age) who enrolled in training on specialized MHPSS.	0	20 (10 men, 10 women)	12 (7 women, 5 men,)	The 12 health care workers received MHPSS specialized training, including counselling skills, identification of signs of distress and MHPSS referral pathways. UNFPA cancelled the planned training workshops because the staff were involved in a road

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<b>Output indicators</b>	<b>Indicator baseline</b>	<b>End of project indicator target</b>	<b>Indicator progress to date</b>	<b>Reasons for variance/ delay (if any)</b>
				accident on their way to Tari. It posed threat to the staff.
Indicator 1.3.2 Number of community-based workers (disaggregated by sex and age) who enrolled in training on specialized MHPSS	0	20 (10 men, 10 women)	16 (8 women, 8 men)	The 16 community-based workers (working in community and church-led health clinics) received MHPSS specialized training, including counselling skills, identification of signs of distress and MHPSS referral pathways. . UNFPA cancelled the planned training workshops because the staff were involved in a road accident on their way to Tari. It posed threat to the staff.
Indicator 1.3.3 Percentage of health workers (disaggregated by sex and age) with improved knowledge, skills and efficacy in specialized MHPSS	30%	85%	89%	89% of the trained health care workers demonstrated improved knowledge in MHPSS, based on administered pre- and post-tests.
Indicator 1.3.4 Percentage of community-based workers (disaggregated by sex and age) with improved knowledge, skills and efficacy in specialized MHPSS	30%	75%	81%	81% of the trained community-based workers demonstrated improved knowledge in MHPSS, based on administered pre- and post-tests.

**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.

<b>Output indicators</b>	<b>Indicator baseline</b>	<b>End of project indicator target</b>	<b>Indicator progress to date</b>	<b>Reasons for variance/ delay (if any)</b>
Indicator 1.4.1 Number of women, men, young women and young men enrolled in group-based MHPSS activities	0	200 (50 women, 50 men, 50 young women, 50 young men)	382 (115 women, 86 men, 95 young)	Community-based activities have been piloted and implemented by some trained community mobilizers in different

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<b>Output indicators</b>	<b>Indicator baseline</b>	<b>End of project indicator target</b>	<b>Indicator progress to date</b>	<b>Reasons for variance/ delay (if any)</b>
supported by the project			women, 86 young men.	communities in Hela Province.
Indicator 1.4.2 Percentage of women, men, young women and young men reported to complete at least half of the group based MHPSS activities supported by the project	0%	60%	-	Despite a simple data collection tool that was developed for the community-based facilitators and the training they received on how to use it, the project team was not able to collect concrete data from the areas where activities related to this project have been implemented. The team received activity attendance numbers, but not attendance lists to confirm the accuracy.
Indicator 1.4.3 Percentage of women, men, young women and young men who have engaged in at least half of group sessions who report increased social and emotional skills for conflict resolution, prevention and recovery	0%	60%	100%	All women, men and youth who participated in mental health psychosocial training and counselling reported improved social and emotional skills for conflict resolution, prevention and recovery.

**PART III: CROSS-CUTTING ISSUES**

Is the project planning any significant events in the next 6 months (e.g., national dialogues, youth congresses, film screenings, etc.)?

If yes, please state how many, and for each, provide the approximate date of the event and a brief description, including its key objectives, target audience and location (if known).

<b><i>Event description</i></b>	<b><i>Tentative date</i></b>	<b><i>Location</i></b>	<b><i>Target audience</i></b>	<b><i>Event objectives</i></b>
Psychosocial support material distribution	December 2023	Tari	Women and youth community-based groups	Women and youth were empowered to regain lost livelihood and heal from psychosocial trauma because

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			and organization in Hela Province	of tribal conflict. The psychosocial and economic activities enabled the communities to discuss peacebuilding initiatives and help each other to overcome conflict-related trauma.
Youth Friendly Hubs launched	November 2023	Youth Friendly Hub centres in Tari	Women, men, girls and boys	Youth friendly hubs and peacebuilding community centre developed to create a platform for youth to discuss challenges faced by youth and finding lasting solution to sustainable peace in Hela Province.
Agriculture for Peace programme launched	January 2024	Youth groups in Tari	Youth (girls and boys)	Rice for Peace is a project initiated by Hela Orphans Hope Centre and Hela Women in Peacebuilding to promote peace through the cultivation and consumption of rice. Engaging communities in farming activities prevented community members from engaging in tribal conflict, peace and unity promoted and created enabling conditions for coexistence. Hela Orphans Hope Centre is one of the recipients of MHPSS small grants.
Mind Change Youth Peace Forum	February 2024	Communities in Tari	Youth and community at large	The Forum promoted peace and raise awareness on burning issues affecting Youth in Hela Province. The event was hosted by Komo Youth for Change, also a recipient of MHPSS small grants.

**Human Impact**

This section is about the human impact of the project. Please state the number of key stakeholders (including but not limited to: Civil Society Organizations, Beneficiaries etc.) of the project, and for each, please briefly describe:

- i. The challenges/problem they faced prior to the project implementation.
- ii. The impact of the project on their lives
- iii. Provide, where possible, a quote or testimonial from a representative of each stakeholder group



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Type of stakeholder	What has been the impact of the project on their lives (2000 characters)	Provide, where possible, a quote or testimonial from the stakeholder (2000 characters)
Koropa LEP Centre Coordinator and Women's Officer	Since receiving PFA training, Ms. Alice Bibe learned how to apply MHPSS knowledge, especially PFA, to help affected and displaced community members due to tribal violence.	<p>“Through this PFA training, I was able to identify that not all problems affecting displaced people are visible to the naked to the eye, but it can be in their minds, in their emotions and in their behaviour. We can understand and observe these effects better if we just look and listen.”</p> <p>“The fighting in Fuga village, North Koroba has displaced hundreds of people and 35 of them came to Koroba LEP centre. These people have lost everything in the fighting, but it was through the PFA training that I was able to help them cope with their losses, address their mental well-being and ensure that they were better able to deal with their emotions.”</p> <p>“From these 35 displaced people, 5 are older people and extremely vulnerable, and so I have allowed them to move into my personal home so I can continue to provide PFA care until they are stable and have come to terms with the destruction in their lives.”</p> <p><a href="https://png.unfpa.org/en/news/mental-heath-human-right-says-hela-women-leader-alice-bibe">https://png.unfpa.org/en/news/mental-heath-human-right-says-hela-women-leader-alice-bibe</a></p>
Mr. Michael Mai, Chief Psychiatrist in the Highlands region	Michael Mai attended a disability inclusion training where existing barriers, accessibility of services and inclusion of people with disabilities were discussed. Mr. Mai and his team will apply the acquired knowledge to ensure that health services in Hela Province are accessible to everyone.	<p>“There is so much stigma surrounding persons living with disabilities simply because people do not understand and adapt into it. After this workshop, I became aware of the barriers they encountered to access health services and I will work with my team to reduce them”.</p> <p><a href="https://www.facebook.com/UNFPAPNG/posts/pfbid02Jj3jq3y1sVy1thDAm5tuHWAp4JEp1LyaWjP2WSZ4A2wgrNLF95vK3T63C6Yf3nGyl">https://www.facebook.com/UNFPAPNG/posts/pfbid02Jj3jq3y1sVy1thDAm5tuHWAp4JEp1LyaWjP2WSZ4A2wgrNLF95vK3T63C6Yf3nGyl</a></p>

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Type of stakeholder	What has been the impact of the project on their lives (2000 characters)	Provide, where possible, a quote or testimonial from the stakeholder (2000 characters)
<p>Ward Councillor, Maureen Mokai, empowering women and youth in Hoebia Hela</p>	<p>Maureen Mokai is a Councillor of Ward 22 of Hoiebia village in Tari-Pori District of Hela Province. She first become a ward councillor in 2013 challenging eight other male candidates, and she won the seat. Pursuing a leadership role in a male dominated community was quite hard for Councillor Mokai. The community grappled with social issues, drugs, roadblocks, kidnapping, intergroup warfare and rape. Councillor Mokai did not have the knowledge, skills and understanding to address these problems or to providing counselling services.</p> <p>Councillor Mokai enhanced her knowledge and skills on MHPSS and peacebuilding initiatives. UN Women later supported her with the purchase of six sewing machines and agricultural equipment to boost her peacebuilding and agricultural activities.</p> <p>She organized groups of women and youth to train on livelihood empowerment programmes and established Hoabia Youth Association focusing on Agriculture, tensuring youth transform from warriors into entrepreneurs. Youth in Hoiebia village are now planting rice, cabbages, carrots, beans, corn and broccoli.</p> <p>Councillor Mokai is training women in dressmaking and carrier bag manufacture. The proceeds from the sales will be shared among the community. Sewing helps women and girls to heal from the trauma they experienced and regain livelihoods that were lost because of tribal fighting. Councillor Mokai said Hoiebia community will become a model community for other surrounding communities in the district to look up to. Councillor Mokai is a force to reckon with in Tari on peacebuilding, providing MHPSS as well as social and</p>	<p>“UN Women helped with tools for agriculture and I distributed these to the youth in the community.</p>  <p><i>Figure 4: Councillor Maureen Mokai handing sporting equipment and agriculture equipment to the youth (Credit: UN Women, February 2024)</i></p> <p>“Many of the youth were involved in clan warfare or hired to fight in other communities to kill people. But I encouraged them to drop their guns and pick up agriculture tools.”</p>  <p><i>Figure 5: Sewing training for survivors of conflict (UN Women February 2024)</i></p>

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Type of stakeholder	What has been the impact of the project on their lives (2000 characters)	Provide, where possible, a quote or testimonial from the stakeholder (2000 characters)
	economic empowerment of survivors of conflict in Hoebia.	
Lassen Marape: Rise of agriculture and fall of criminal activity	<p>Tribal fights in the Hela Province have caused children and women to be displaced and homes shuttered. Across the provinces, young people rely on crime and illegal activities to survive, and others do it to gain fame. They lacked direction, positive mentorship and guidance. Lassen Marape from Hela is among many who were involved in tribal fights, roadblocks, and killing and raping women in the community.</p> <p>With more training from UN Women and awareness from the ward councillor, Lassen turned a new leaf. Most of the training was about how an individual can make a living out of agriculture, and the methods of planting were taught. Lassen, after attending the training, dropped his gun and picked up the tools for agriculture to work his land.</p> <p>Most of the youth involved in illegal activities were the ones who did not attend school, but now they have a purpose and dream of something bigger and better.</p>	<p>“I am someone who killed people, and caused roadblocks while young people looked up to me as their role model. I was leading youth into roadblocks, kidnapping, teaching them all the negative things in life that I had done myself.”</p> <p>“I became the chair of the Yoparipace building; I helped other youth to start cleaning their own plots and planting their own seedlings. We were given seedlings like cabbage, broccoli, carrot, potatoes, beans, corn and other produce to plant and sell.”</p> <p>“Most of us don’t have proper tools for agriculture; the few given by UN Women were shared among each other to do our plots. Agriculture has changed our lives, and we want to do more of it, and we hope to get more funding for tools. We saw that we can now earn money to help our wives and children in a good way.”</p>
Ms. Joyce Albert	<p>Joyce Albert is a 19-year-old student in Hela Province whose education was interrupted due to tribal fights. Ms. Albert is also a person living with disability, adding more barriers to her access to education and other services.</p> <p>Through the UNFPA photography workshops held in Hela Province from December 2023 to February 2024, Joyce learned new skills and created a network of new friends.</p>	<p>“What we have learned here is unique. These are skills that we have and what is around us that we amplify to create engaging activities in our communities.”</p> <p><a href="https://png.unfpa.org/en/news/%E2%80%9Cpeace-when-i-can-receive-education-without-threat-violence%E2%80%9D">https://png.unfpa.org/en/news/%E2%80%9Cpeace-when-i-can-receive-education-without-threat-violence%E2%80%9D</a></p>
Ms. Jenny Martin, community mobilizer with the	Jenny Martin has been providing support and counseling to women and youth in Komo for the past two years. She attended this project’s training, which aimed to build the capacity of community mobilizers to provide evidence-based	“Being a community mobilizer is tough most times, especially in cases of gender-based violence because it is so easy for personal emotions to cloud judgements. I forget about my own safety. The most important learning has



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You can also upload up to 3 files in various formats (picture files, PowerPoint, pdf, video, etc..) to illustrate the human impact of the project and/or provide links to online resources (OPTIONAL).



Figure 10: Caregivers of people with disabilities were actively involved in disability awareness sessions and discussions (Credit: UNFPA, 2023)

1. MHPSS training to mediation teams established by UNDP, focusing on communication skills and the importance of self-care:  
<https://png.unfpa.org/en/news/mediation-teams-hela-province-receive-training-psychological-first-aid>  
<https://www.facebook.com/photo/?fbid=811280514376134&set=a.640475831456604>
2. Trauma is an issue in Hela communities  
<https://png.unfpa.org/en/news/trauma-issue-hela-communities>

**Please tick the applicable change based on above narrative.**

How we worked: (please select up to 3) (3000 characters in each selected option)

- Enhanced digitization [please explain]
- Innovative ways of working<sup>1</sup> [please explain]. The project used art therapy and other art-based tools (such as photography, collage, drama, dance, music, drawing, etc.) to bring communities together to discuss their challenges and identify opportunities for collaboration. Art-based tools were used to facilitate difficult discussions about trauma

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<sup>1</sup> Where innovation is defined as a **product, service, or strategy that's both novel and useful**. Innovations don't have to be major breakthroughs in technology or digital solutions but includes here a new and/or creative approach to solving development challenges.

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related to tribal fights and sexual violence. The communities warmly embraced these projective techniques and implemented them in community centres. In addition, culture and religion were used as mediation tools to bring different clans and religious denominations together to celebrate their rich heritage in a peaceful way and pray for peace.

- Mobilized additional resources [please explain]
- Improved or initiated policy frameworks [please explain]
- Strengthened capacities [please explain]. One of the project's main objectives was to strengthen community and health care workers' capacity to provide individual and group psychosocial support. Multiple training sessions were organized in Hela Province. The project also focused on strengthening the communities' resilience and ownership by supporting youth, women and church groups in implementing group-based activities at community centres across Hela Province. Furthermore, supervision and follow-up sessions were held after the training to ensure continuous support, learning and exchanges.
- Partnered with local/grassroots civil society organizations [please explain]. Four local/grassroots CSOs became partners and received financial and technical support to provide MHPSS services and engage their communities in activities. More organizations (such as LEP centres and United Church) were also engaged in capacity-building and community-based activities.
- Expanding coalitions & galvanizing political will [please explain]
- Strengthened partnerships with IFIs [please explain]
- Strengthened partnerships within UN Agencies [please explain]

Who are we working with (in addition to the Implementing Partners) (3000 characters):

- Strengthened partnerships with IFIs [please explain]
- Strengthened partnerships within UN Agencies [please explain]
- Partnered with local civil society organizations [please explain]
- Partnered with local academia [please explain]
- Partnered with sub-national entities [please explain]
- Partnered with national entities [please explain]
- Partnered with local volunteers [please explain]

**LNOB – Leaving No one Behind:** Select all beneficiaries targeted with the PBF resources as evidenced by the narrative? [mandatory]

- Unemployed persons
- Minorities (e.g. race, ethnicity, linguistic, religion, etc.)
- Indigenous communities
- Persons with disabilities
- Persons affected by violence (e.g. GBV)
- Women
- Youth
- Children

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- Minorities related to sexual orientation and/or gender identity and expression
- People living in and around border areas
- Persons affected by natural disasters
- Persons affected by armed conflicts
- Internally displaced persons, refugees or migrants

**PART IV: MONITORING, EVALUATION AND COMPLIANCE**

<p><b>Monitoring:</b> Please list key monitoring activities undertaken in the reporting period (3000 characters):</p> <p>During the reporting period, baseline data were collected to determine the project’s benchmarks. The baseline study was conducted in house using qualitative and quantitative data collection methods. Individual interviews, focus group discussions and key informant interviews were conducted during the baseline data collection. The data was analysed using Excel.</p> <p>Post distribution monitoring was conducted for MHPSS equipment distributed to women and youth groups. The equipment is being used for social and economic empowerment that facilitated community healing from conflict related trauma. The post distribution monitoring used qualitative data collection methods, conducting focus group discussions with people who received the equipment (e.g. sewing machines, farming equipment and sporting equipment).</p> <p>The project conducted the end of project evaluation, which was combined with the project on creating condition for peace. The evaluation was conducted by external consultants. Data collection, analysis and report writing were completed and the draft report was shared for comments.</p> <p>Lastly, pre- and post-tests were conducted for the PFA and psychosocial support training sessions as M&amp;E tools to evaluate the impact of the training.</p>	<p><i>Do outcome indicators have baselines? If yes, please provide a brief description (3000 characters):</i></p> <p>If not, explain why not and when they will be available (3000 characters):</p> <p>Yes. UN Women established the baseline in September 2022. The baseline study used both quantitative and qualitative data collection methods. Focus group discussions and individual in-depth interviews were conducted in Komo, Koroba, Puren, Tari and Walete, reaching 111 people (49 women, 62 men) selected randomly from four LEP centres. From the assessment it was noted that the main causes of tribal fights were land, alcohol, drug abuse, pigs, politics, compensation and fight over women because of adultery, exorbitant bride price. Conflict resulted in loss of life, displacement, destruction of property (houses, stores, vehicles) and livelihoods. The tension and fighting prevent access to services such as health and education.</p> <p>During and after tribal conflict, the assessment noted that survivors normally receive medical treatment, protection (security), counselling, accommodation and money to contribute to compensation. The most common service provided first to conflict survivors is accommodation. Half of the respondents or 54.2 per cent (19.6 per cent women, 34.6 per cent men) reported ever received support during and after conflict. The services received include the following.</p> <ul style="list-style-type: none"> <li>● Food</li> <li>● Shelter and building materials</li> <li>● Clothes, blankets, pots</li> <li>● Health services</li> <li>● Money and pigs compensation contributions</li> </ul> <p>Among those who were involved in peacebuilding initiatives as well as providing basic services to</p>
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	<p>survivors, only 20.5 per cent (12.1 per cent women, 8.4 per cent men) were trained in basic MHPSS by the Red Cross. The majority (79.1 per cent) helped survivors without proper training.</p> <p>Community mobilizers were asked to identify key roles of MHPSS workers, including providing counselling, referrals, crisis intervention/ PFA. Among the community mobilizers, 46.2 per cent selected counselling while 11.5 per cent selected consultation as the sole role of MHPSS workers. Only 3.9 per cent of community mobilizers managed to select more than 1 role of MHPSS workers.</p> <p>Among health professionals, 83.4 per cent were aware of MHPSS principles. Less than half (42.9 per cent) of community workers were aware of the role of psychosocial support workers and principles of MHPSS. The assessment also noted that 41 per cent of religious leaders and 25 per cent of traditional leaders were aware of basic roles and principles of MHPSS.</p> <p><i>Elaborate on what sources of evidence have been used to report on indicators (and are available upon request) (3000 characters):</i></p> <p>During project implementation, UN Women and UNFPA used sex-disaggregated registers to record participants who participated in training workshops, dialogues and meetings. Activity reports were developed after every activity, and these were used as sources of information for the project.</p> <p>Mission reports also provide information about the project. Whenever staff travel in the field to conduct programme activities, and monitoring and support visits, the staff reported on the activities conducted, number of people reached, challenges and recommendations for project improvement.</p> <p>The pictures included in the report were taken during project implementation to show as evidence.</p> <p>Quotes from the beneficiaries provide evidence of activities. During project implementation and focus group discussions, participants raised important issues and appreciation of the project.</p>
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	<p><i>Has the project launched outcome level data collection initiatives e.g. perception surveys</i></p> <p>The project conducted a baseline assessment and an end line assessment to measure changes in community behaviour and knowledge of the project concepts. The baseline and end line assessments used focus group discussions and individual interviews to collect information on community understanding on MHPSS. Women and men who received training in MHPSS reported a great improvement.</p> <p>Has the project used or established community feedback mechanisms?</p> <p>If yes, please provide a brief description (<i>3000 characters</i>):</p>
<p><b>Evaluation:</b> Is the project on track to conduct its evaluation?</p> <p>Yes. The report is being finalized.</p>	<p>Evaluation budget included in the project budget (response required): 17,000 USD</p> <p>If project will end in next six months, and the overall project budget is above \$1.5 million, is your upcoming evaluation on track? N/A</p> <p>Please describe the preparations (<i>3000 characters</i>): A joint evaluation report for the three peacebuilding projects in the Highlands is being finalized and will be shared with the donor.</p> <p>Please mention the focal person responsible for sharing the final evaluation report with the PBF: <i>Name</i> Tony Cameron <i>Organization</i> RCO <i>Job title</i> Peace and Development Advisor <i>Email</i> anthony.cameron@un.org</p>
<p><b>Catalytic effects (financial):</b> Has the project mobilized additional non-PBF financial resources to date? No If yes, please indicate name of funding agency and amount of additional non-PBF funding support that has been leveraged by the project since it started.</p>	<p>Name of funder:      Amount (in USD):</p> <p>No</p>
<p><b>Catalytic Effect (non-financial):</b> Has the project enabled or created a larger or longer-term peacebuilding change to occur, in addition to the direct project changes?</p>	<p>If relevant, please describe how the project has had a (non-financial) catalytic effect, i.e. removed barriers to unblock stalled political, institutional or other peacebuilding processes at different levels in a</p>

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<p>If yes, please select the relevant option below:</p> <p><input type="checkbox"/> Some catalytic effect</p> <p><input type="checkbox"/> Significant catalytic effect</p>	<p>country, and/or created the conditions to establish new processes to do so (3000 characters):</p> <p>No</p>
<p><b><u>Sustainability:</u></b> Please describe any steps that have been taken to ensure the sustainability of peacebuilding gains, including any mechanisms, platforms, networks and socio-economic initiatives supported, beyond the duration of the project (3000 characters):</p> <p>During the implementation, UN Women and UNFPA involved community structures in the development of activities, community mobilization and execution of the activities. The programme involved youth and women groups in peacebuilding to ensure continuity of project gains towards sustainable peace and the provision of psychosocial support services to survivors. UN Women engaged PNGCC; Hela Orphans Hope Centre; women’s groups such as Hela Women in Peacebuilding, Tagali, Magarimaa and Komo Bosavi women in peacebuilding; youth groups such as Komo Youth for Change and Tigibi Youth Hub; and LEP centres. The leaders of these groups were trained in MHPSS to ensure continuous support of survivors of conflict-related trauma,</p> <p>Moreover, the project engaged the Hela Provincial Authority, including various government agencies (health, education, police, correctional services, law and justice) and other key stakeholders, such as the Family Support Centre and the Directorate of Social Change and Mental Health, to ensure maximum support for survivors of conflict-related trauma.</p> <p>UN Women further procured equipment to empower women and girls economically and enable them to recover from conflict-related destruction of property and livelihoods. The equipment was distributed among women and youth groups to ensure social cohesion and continue bringing women and youth together. The equipment, which included sewing machines and sporting and farming equipment, helps to keep women and youth busy and engaged in sustainable peacebuilding and psychosocial healing.</p> <p>Lastly, UNFPA trained active peacebuilding agents, such as religious and community leaders and peace mediators, on the impact of conflict on mental health, communication skills and lay counselling to enhance their capacity to contribute to peacebuilding processes.</p>	
<p><b><u>Other:</u></b> Are there any other issues concerning project implementation that you want to share, including any capacity needs of the recipient organizations? (3000 characters):</p>	

**Monitoring and Oversight Activities<sup>2</sup>**

Name of the event	Summary	Key findings
Inception workshop	An inception workshop was held in August 2022 with key stakeholders to launch the activities and discuss priorities.	Key stakeholders in Hela Province (including women-led organizations, LEP centres, church representatives, youth leaders and Provincial Health

<sup>2</sup> These include Steering Committee meetings, Monitoring visits, Third party monitoring, Community based monitoring, any data collection, Perception or other survey findings, evaluation reports, audit or investigations.

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		Authority (PHA) staff discussed gaps and opportunities in Hela Province and the priorities of the project to ensure that the project's activities were aligned with identified needs.
Baseline survey	A mixed, participatory human rights-based approach was used to gather relevant information for benchmarking MHPSS. Both qualitative and quantitative data collection methods were used and the sample was developed in coordination with local stakeholders. The data collection methods used included review of documents, in-depth individual interviews, focus group discussions, key informant interviews and observations. The methodology was aligned with the MHPSS Inter-Agency Standing Committee guidelines.	<p>According to the findings, community members were providing some aspects of MHPSS services before the implementation of the project but not in a specialized and well-coordinated manner. Basic counselling services were the most common service provided.</p> <p>Among those who were involved in peacebuilding initiatives as well as providing basic services to survivors, only 20.6 per cent (12.1 per cent women 8.4 per cent men) were trained in basic MHPSS by the Red Cross. The majority (79.1 per cent) helped survivors without proper training.</p>
Data collection tool	A data collection tool was developed to monitor the implementation of community-based activities and community mobilizers were trained to use it.	Some mobilizers collected the required information (number and sex of attendees, type of activity, photos), but attendance lists were not shared with the project team to verify the accuracy of the data.
Endline Assessment	End line assessment was conducted in Hela to measure the successes of the project and collect data for outcome indicators. The assessment was also used to gather information for future programming. The assessment used both qualitative and quantitative data collection methods, through interviewing men and women who participated in project initiatives. Stakeholders were also interviewed to give their perspective on the project.	Women and girls, men and boys appreciated the project as it capacitated them on mental health and psychosocial support. The equipment which was procured enhanced community cohesion and empowered women on livelihood which enabled psychosocial therapy. The communities demonstrated increased knowledge on mental health psychosocial support and peacebuilding. Community initiatives were conducted such as establishment of women in peacebuilding and Youth for Peace in Komo and Tigali.

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		More workshops were required for women and youth to fully articulate and implement mental health psychosocial support and peacebuilding initiatives. There were of fears that conflict may erupt any time because of payback system and strong cultural background.
Final evaluation report	Two independent evaluators were engaged for the final evaluation of the three peacebuilding projects in the Highlands. The evaluation team met with project teams in Mendi and Port Moresby and conducted focus group discussions and key informant interviews in the different project locations.	<p>The report will be shared once finalized and submitted by the evaluators.</p> <p>In the meantime, some preliminary findings were shared, confirming the project's relevance, acceptance and innovation in the Province.</p>