

AusAID NGO Project Report

1.0 GENERAL PROJECT INFORMATION

Project Name	Psychosocial Intervention for Mount Merapi Recovery Project (PIMR Project)
AusAID Reference Number	Agreement No. / Funding Order No.
Australian NGO Name	Plan International
Delivery Organisation's Name	Plan Indonesia
Date Project Commenced	17 th January 2011
Date Project Completed	31 st December 2011
Report covers Project activities implemented in the period	January – December 2011

2.0 PROJECT ACHIEVEMENTS AND ANALYSIS

2.1 Major Development Objectives

Major Development Objectives	Rating
<p>The primary objective of the project was to reduce the short-term impact of disasters on children, youth and adults through the provision of Protection programming and raising awareness on DRR, Early Recovery, Child Protection and Health. The project targeted 14,000 direct beneficiaries (8,000 children, 2,000 youth and 4,000 adults) and 42,179 indirect beneficiaries (13,127 households) across 10 villages and 3 sub-districts (Klaten Central Java, Megelang and Sleman DIY).</p>	<p>The project reached in total of 15,896 direct beneficiaries (7,041 female and 8,855 male) in 10 targetted villages, which is an additional 14% from 14,000 people that was stated in the proposal.</p> <p>The details were consists of:</p> <ul style="list-style-type: none"> • 8,437 Children (4,185 female and 4,252 male) - 105% from total 8,000 children in planning • 1,886 Youth (565 female and 1,321 male) – 94% from total 2,000 youth in planning • 5,573 Adults (2,291 female and 3,282 male) – 139% from total adults in planning <p>In total of 140 CFS locations were established in the 10 target villages with 8,437 children participated in CFS's</p>

	<p>comprising 4,185 girls and 4,252 boys.</p> <p>This project has also delivered number of awareness rising activities through provision of Education and Communication (IEC) and nurturing session on Disaster Risk Reduction (DRR), Health and Hygiene, Child Protection, and Early Recovery issues. Promotion of environment issue also emerge and been added to the series of awareness rising as the local implementing partner's YLI had their core expertise in environment.</p> <p>However it can be noted that the reach of indirect beneficiaries was down on original predictions at approximately 37,000 people who were able to access the information through IEC dissemination.</p>
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2.2 Significant Project Outputs

Significant Project Output	Actual Outputs Produced
<p>Outcome 1: Create a safe environment for children affected by the volcanic eruption in 10 villages where Plan and Plan's partner are operational.</p>	<ul style="list-style-type: none"> ■ At the end of project, there were 140 CFS centres/locations established in the 10 targeted villages: <ol style="list-style-type: none"> 1. Tegalmulyo village (Klaten) : 4 locations 2. Sidorejo village (Klaten) : 22 locations 3. Bawukan village (Klaten) : 5 locations 4. Balerante village (Klaten) : 6 locations 5. Ngargomulyo village (Magelang) : 7 locations 6. Sumber village (Magelang) : 15 locations 7. Sengi village (Magelang) : 8 locations 8. Krinjing village (Magelang) : 9 locations 9. Wukirsari village (Sleman) : 22 locations 10. Wonokerto village (Sleman) : 42 locations

	<ul style="list-style-type: none"> <p>▪ Child Friendly Spaces (CFS) were established and facilitated children's normal activities such as playing and learning. The activities of CFS's combined different forms of play such as sport, recreational and traditional play and fun learning through informal schooling, Sunday School and a Religious Instruction Centre. Children also learned about Disaster Risk Reduction, Hygiene & Health Promotion and Psychosocial issues as well as about how to express psychological aspects (i.e. motivation, emotional and social development). Through the CFS's children were given the opportunity to take part in alternative structured and routine after school activities. The CFS's provide a safe place for children to meet and socialise with other children, increasing their creativity, self esteem and social skills. Data collected during the project lifespan indicated that children accessing CFS's had surpassed its target by 5% reaching a total of 8,437 children. 16% of children using CFS's were reported as actively using the CFS's (between 7 and 24 attendances), 34% as rarely using the CFS's (between 2 and 6 attendances) and 50% attending the CFS's only once.</p> <p>▪ According to the survey that was conducted by an external evaluator in the final evaluation report, of the children that utilized the CFS's there was evidence of positive changes in the childrens psychosocial conditions and attitudes. Many children showed the existence of improved social behavior such as sharing (61%) and improved self confidence (78%). However, the survey results showed that 51% of children <i>sometimes</i> showed anger, and 27% of children <i>often</i> expressed anger. Children also experienced worry/stress (56%) and difficulty concentrating (42%). These figures showed that 27% of children still experienced difficulties, while 69% showed their strength. This data showed as an evidence base that the CFS activities result in a positive impact to the targeted children.</p> <p>▪ On the issue of child protection and disaster risk awareness, the final evaluation report stated that by having activities in CFS's,</p>
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	<p>children become aware of their own rights as children and had knowledge of what to do in the event that they experienced violence. From the children's survey results, it was noted that 65% of the total respondents (176 children) learned about child rights through participation in CFS's and 71% of children know what to do when they experience or witness violence. More surprisingly, through their participation in the CFS's, children's knowledge of disaster preparedness was high. The survey results showed that 75% of children were aware of hazards in their area and 90% of them had read or seen information about natural disasters such as the Mount Merapi eruption, landslides, floods, and forest fires. In addition to that, 67% of them know the route for evacuation when disasters strike, however evacuation simulations had been experienced by only half of them (47% of children).</p> <ul style="list-style-type: none"> ▪ The project enabled an increased awareness and knowledge in the community of child protection issues through child protection workshops at a village and district level. Through these workshops parents and teachers were provided with information on child rights and ways to appropriately deal with children's emotional and behavioural issues.
<p>Outcome 2: Strengthened resilience and physical protection of 2,000 youths through psychosocial support provided to youth's groups in 10 villages.</p>	<ul style="list-style-type: none"> ▪ Existing groups and community organisations in villages were activated through sport and art-cultural groups, as well as vocational training for youth and adults. These activities were supported by resources and a trainer and local facilitator. ▪ Upon closing the project, 1,886 youth had participated in youth activities comprising 565 female and 1,321 male participants. ▪ Data on final evaluation report stated that for youth, 88% of youth respondents were joining activities in the community and 90% of them felt comfortable joining the activity as it provided positive values for them, family, and community. ▪ The survey results showed that 89% of the adult respondents were happy to join activities in communities and they felt comfortable

	joining these activities as it had a positive impact on themselves, to their family and to the wider community.
Outcome 3: Strengthened resilience and physical protection for 4,000 adults through psychosocial support activities in 10 affected villages.	<ul style="list-style-type: none"> Adults were supported through activities such as arts-cultural/traditional, vocational training and sports activities. At the end of project, 5,573 adults participated in support activities comprising 2,291 female and 3,282 male participants. Adult participation exceeded the program target by 39%; however the level of active participation in adults was the lowest when compared to children and youth, with 5% of beneficiaries actively participating and 67% attending activities only once.
Outcome 4: Children, Youth and their families are supported through the provision of messages on Disaster Risk Reduction, Child Protection, Health and Early Recovery.	47,000 Information Education Communication (IEC) materials have been produced and disseminated. The IEC materials consisted of: <ul style="list-style-type: none"> 2,500 Psychosocial leaflets 2,500 Disaster Risk Reduction leaflets 2,500 Child Protection posters and 8,000 stickers 2,500 Gender posters and 8,000 stickers 2,500 Hygiene Promotion posters and 8,000 stickers 2,500 Breastfeeding posters 8,000 Reduce, Reuse, Recycle stickers <p>By utilizing the IEC materials in community meetings, field staff and local facilitators actively facilitated the people to enhance awareness within the community. Community's knowledge and awareness have been increased as a result of this project.</p>

2.3 Significant Project Outputs

Significant Project Outputs	Approved Amendments	Reasons for Amendments
Project Outcomes altered after Mid-Review Report, including the alteration of the Logs Frame.	Amendment approved by AusAID.	A need was identified to refocus project objectives in order to achieve the highest quality program possible.
A recommendation of the mid-review report was to cut beneficiaries by 80% from the original target of 14,000.	NB There was an amendment in the agreement to reduce the overall beneficiary target on August 23, 2011	<p>This was recommended in order to insure a higher quality of program delivery, despite reaching fewer beneficiaries.</p> <p>Despite this requested alteration in numbers, original target beneficiary</p>

		<p>numbers were in fact reached and then exceeded by the end of project.</p> <p>A change of implementation strategy contributed to exceeding the number of beneficiaries (see section 3.2. Environmental Assessment and Management).</p>
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2.4 Performance Measurement

Major Project Outputs	Performance Indicators	Final Outcomes
<p>Outcome 1:</p> <ul style="list-style-type: none"> Conduct in depth assessments on the mental health and psychosocial impact of the disaster on children in partnership with the Crisis Centre of the University of Indonesia, and identify vulnerable children. 	<p><i>Assessment conducted and number of children identified (including those with disabilities).</i></p>	<p>A Psychosocial Impact Assessment & Post Disaster Needs Assessment was conducted in partnership with the Crisis Centre of the University of Indonesia. Vulnerable children were identified including those with disabilities & recommendations were made accordingly. The assessment involved 333 children and 399 youth and adults, from 6 of 10 targeted villages randomly selected as a target of the assessment.</p> <p>The assessments resulted in 13 recommendations being produced which were then incorporated into the developed work plan. The assessments used body mapping for child respondents however it did not find vulnerable children. A recommendation made for children was to pay more attention to children and that CFS's should be evenly balanced between playing and learning. At the end of project 8,437 children participated in CFS's.</p>
<ul style="list-style-type: none"> Coordinate with Civil Society Organisations (CSO's) and Local Authorities to establish child protection mechanisms (including child protection committees, surveillance and establishing referral mechanisms). 	<p><i>Child protection mechanisms established with CSO and Local Authorities.</i></p>	<p>The project was carried out in partnership with local NGO Yayasan Lestari Indonesia (YLI). CFS activities were conducted in corporation with Early Childhood Education (PAUD) and the Religious Instruction Centre (TPA).</p> <p>Child protection workshops at village and district levels were conducted to increase community awareness of</p>

<ul style="list-style-type: none"> • Build awareness of government officials, CSOs and partner staff on child protection and psychosocial support. • Establish CFS's including education and play materials (provision of 10 CFS kits - see content of CFS kits in Annex). 	<p><i>Number of CFS's established and equipped with education and play materials in line with International/UNICEF standards.</i></p> <p><i>Number of children regularly using CFS's (boys, girls, disabled children).</i></p>	<p>child protection issues. A total of 398 participants took part in the workshops, including community members, care-givers, cadres, teachers, community leaders, heads of villages and local authorities in the 10 targeted villages in the districts of Sleman – DI Yogyakarta, Klaten and Magelang – Central Java. This was the first step towards developing the child protection mechanism.</p> <p>21 YLI staff were trained to be able to implement the project and support community cadres. 73 government staff, stakeholders, community leaders and local NGOs from 3 districts participated in a child protection workshop. 280 community cadres (160 for children, 40 for youth and 80 for adult) received a three day training in aspects of psychosocial support, disaster risk reduction and child protection before starting as facilitators in each of the villages.</p> <p>140 CFS locations were established in the 10 target villages and education and play materials were provided accordingly. CFS's were reported as being a positive activity by communities, especially by adults (local cadres and village leaders) as these activities were viewed as helping children to regain their confidence and to start the process of a return to normalcy. 8,437 children participated in CFS's comprising 4,185 girls and 4,252 boys.</p> <p>One CFS kit was used for a minimum of 50 children. Each kit consists of:</p> <ol style="list-style-type: none"> 1. Origami paper (10 packs) 2. Liquid glue (5 bottles) 3. Scissors (5 units) 4. Crayon (10 packs) 5. Colorful playing ball (2 packs) 6. Drawing book (50 books) 7. Plastic ball (2 units) 8. Board marker (6 units) 9. Whiteboard (1 unit) 10. Whiteboard eraser (1 unit)
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<ul style="list-style-type: none"> • Train community volunteers and cadres as CFS facilitators on psychosocial support. • Develop and disseminate awareness raising information (Information Education Communication - IEC) in communities about CFS's and the care and protection of children in emergency situations (including those related to girls and children with disabilities). • Sensitization of the media and journalists on reporting of child protection issues. 	<p><i>Number of volunteers and cadres trained in facilitating CFS and child protection who can demonstrate good practices.</i></p> <p><i>Community and care givers aware of CFS's and protection issues.</i></p> <p><i>IEC materials developed and workshops with media held.</i></p>	<p>280 community support cadres were trained to facilitate and organise psychosocial support activities in communities. 160 volunteers (65 male and 95 female) from communities were trained as local cadres to serve children, 52 as peer leaders (40 male and 12 female) to serve youth and 80 as peer educators (54 male and 26 female) to serve adults.</p> <p>IEC materials such as psychosocial leaflets, DRR leaflets, child protection posters and stickers and breast feeding posters were developed and printed. 47,000 IEC materials were produced covering topics of Psychosocial support, DRR, Gender, Child Protection, Hygiene and Health Promotion and breast feeding.</p> <p>398 community members, community leaders, community cadres, CFS caregivers and teachers in 10 villages participated in the child protection workshop orientation.</p> <p>Community volunteers such as cadres and caregivers received and/or were involved in a number of capacity building activities through trainings on child protection and community events to support the project implementation at the community level.</p> <ul style="list-style-type: none"> ▪ 27 participants took part in a two day workshop on the role and responsibility of journalists and media, highlighting issues around children in disaster. This workshop intended to explore knowledge from the journalists
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<ul style="list-style-type: none"> Strengthened school community capacity to enhance school resilience (i.e. teachers and students). 	<p><i>Number of individuals (i.e. teachers and students) trained in psychological first aid and self-care.</i></p>	<p>and enhance their awareness of and insight into child protection in the emergency/disaster and recovery phases of response. The workshop mostly invited journalists with a background in newspaper, television, radio, online media and photography. Remaining participants were NGOs which provide child protection services. The workshop resulted in the production of guidelines; a code of ethics and a code of conduct for media coverage and reporting of children in disaster. There were participants from national TV ad newspaper such Metro TV, Tempo, Sindo as well as reliable online media in Indonesia, Detik.com.</p> <ul style="list-style-type: none"> 192 teachers from Primary, junior and high school have received Psychoeducation including topics of Self Care and Stress Management. Through the trained teachers, the students received support on Psychological First Aid and stress management subjects when needed.
<p>Outcome 2:</p> <ul style="list-style-type: none"> In depth assessment on mental health and psychosocial impact of the disaster on youth in partnership with the Crisis Centre of the University of Indonesia. To identify existing youth groups in the targeted 	<p><i>Assessment conducted and number of youths needing support identified (including those with disabilities).</i></p> <p><i>Number of youth groups identified or</i></p>	<p>A Psychosocial Impact Assessment & Post Disaster Needs Assessment was conducted in partnership with the Crisis Centre of the University of Indonesia. Vulnerable youth were identified including those with disabilities & recommendations were made accordingly. 399 youth and adults from 6 of the 10 targeted villages participated in the assessments; however no people with disabilities were reported in this assessment.</p> <p>The rehabilitation of communal recreation facilities was supported</p>

<p>communities or establish youth groups: 15 youth groups (2,000 persons) in total to be supported through the proposed project.</p>	<p><i>established at the district level, and equipped with sports/art materials.</i></p>	<p>through the reactivation of youth and adult groups. Youth groups were equipped with support materials such as sports, art and cultural materials and were provided with vocational training.</p> <p>The number of support materials activities/groups (existing or new) received :</p> <ol style="list-style-type: none"> 1. Sports materials (net, ball, etc) for 340 activities/groups. 2. Art-culture material (i.e. traditional instruments) for 75 activities/groups. 3. Vocational training for 64 activities/groups. 4. Awareness raising (promotion & education) for 104 activities/sessions.
<ul style="list-style-type: none"> • To provide psychosocial support to 2,000 youths aged between 18 and 25 years old through psychosocial support group activities, protection, psychoeducation session with Psychological First Aid and Self Care topics etc. 	<p><i>Number of youths regularly receiving psychosocial support from capacitated volunteers and cadres</i></p>	<p>1,886 youth (565 Female and 1,321 Male) in 10 communities in three districts received psychosocial services.</p>
<ul style="list-style-type: none"> • Provision of tools and equipment for Youth Support groups, i.e. sports, vocational training and art-cultural equipment. 	<p><i>Number of volunteers and cadres trained in facilitating protection programs for youth who can demonstrate good practices.</i></p>	<p>280 community cadres were trained to facilitate and organise psychosocial support activities in the communities, 40 of which were peer leaders (facilitators for youth groups). Youth groups were equipped with support materials such as sports, art and cultural materials and vocational training.</p> <p>Some support equipment was delivered late and reached beneficiaries mid August. A surge in youth participation can be seen between July and August, which is attributable to the acquisition of support equipment. It is possible to deduce from this that participation may have been higher prior to August if support materials were delivered earlier in the program.</p> <p>The types of support materials</p>

<ul style="list-style-type: none"> To involve and train youth on monitoring, recovery processes and audio visual documentary production. 	<p><i>Recovery processes regularly documented through video documentaries, photo reportage etc.</i></p>	<p>provided also had an impact on beneficiaries and beneficiary engagement. One example of where beneficiary interest and engagement was affected was the supply of traditional Javanese musical instruments such as the <i>Jathilan</i> and <i>Karawitan</i> where some beneficiaries were expecting more modern instruments such as drums and keyboards.</p> <p>50 youth were trained in video documentary production and produced 2 films in each village. An additional 2 films were produced in each village for documentation and video reports of PIMR. Participants were given the opportunity to learn skills in film production and most importantly participants could explore their interests, identify their potential and become involved in monitoring changes in their villages post eruption. This learning process has resulted in a strong motivation for participation by youth, increased confidence and strengthened resilience which will in turn enhance their psychological well-being.</p>
<p>Outcome 3:</p> <ul style="list-style-type: none"> In depth assessment on mental health and psychosocial impact of the disaster on adults in partnership with the Crisis Centre of the University of Indonesia. To identify existing women and men's groups in the targeted communities or establish new groups in villages. 4,000 persons in total to be supported through the proposed project. 	<p><i>Assessment conducted and number of adults needing support identified (including those with disabilities).</i></p> <p><i>Number of Women's and Men's Groups identified or established at the village level.</i></p>	<p>A Psychosocial Impact Assessment & Post Disaster Needs Assessment was conducted in partnership with the Crisis Centre of the University of Indonesia. Vulnerable adults were identified including those with disabilities & recommendations were made accordingly. 399 youth and adult respondents from 6 of 10 targeted villages participated however no people with disabilities were reported in this assessment.</p> <p>157 existing or new youth and adult groups were identified in 10 villages:</p> <ol style="list-style-type: none"> 1. Wukirsari: 18 2. Wonokerto: 22 3. Bawukan: 20 4. Balerante: 19 5. Tegalmulyo: 11

<ul style="list-style-type: none"> • Cadres to provide psychosocial support to 4,000 adults through support groups and psychosocial services (sport, art-cultural, vocational training and psychoeducation sessions). 	<p><i>Number of adults regularly receiving psychosocial support from capacitated volunteers and cadres, through home visit or group activities.</i></p>	<ol style="list-style-type: none"> 6. Sidorejo: 28 7. Sengi: 20 8. Krinjing: 10 9. Sumber: 3 10. Ngargomulyo: 6 <p>Upon closing the project, 5,573 adults had participated in adult activities comprising 2,291 female and 3,282 male participants.</p> <p>Target communities received support materials such as sport and art-cultural resources as well as vocational training as part of psychosocial support for adults. Communities reported that as a result of these activities, the sense of unity in the villages was increased, that community members felt more respect towards one another and that their ability to cope with disaster was increased.</p>
<ul style="list-style-type: none"> ▪ Cadres and volunteers to provide psychosocial support group activities for 4,000 adults through support group and Psychoeducation sessions with Psychological First Aid and Self Care topics targeting women's and men's village groups. 	<p><i>Number of community members (youth / adult group) trained in Psychological First Aid and Self-care.</i></p>	<ul style="list-style-type: none"> ▪ 197 community members in 10 targeted villages and 55 government officers including health staff in PUSKESMAS / community health centre in 3 districts received Psychological First Aid & Self Care training. ▪ 350 community members in the 10 targeted villages received Psychoeducation with topics of Self Care and Stress Management. <p>A total of 5,573 adult community members received psychosocial services.</p> <p>One of significant outcomes of the project as stated in the final evaluation report was that adult community members now have a good understanding of identifying signs of stress amongst themselves, family and peers, distinguishing between stress and trauma and ways of dealing with stress or difficulties. Community members are able to utilise learnt coping mechanisms and have alternatives to reduce their</p>
	<p><i>Number of volunteers and cadres trained in facilitating protection programs for adults that can demonstrate good practices.</i></p>	

		<p>psychological distress due to the eruption in a simple way. Community members are also able to use these mechanisms to help people around them in coping with heightened stress levels through traditional coping mechanisms.</p> <p>Furthermore, the final evaluation also stated that increased awareness of psychosocial issues provided knowledge and skills to help deal with psychosocial related issues and with the risks associated with living in villages vulnerable to disaster. Psychological First Aid Training and Psycho-education (Stress Management) equipped beneficiaries to deal with any psychological issues arising from being affected by disaster and such skills can be applied for any crises that arise on a daily basis. The child protection workshop at the village and district level has increased the community's knowledge in child protection issues. It has also provided information for parents and teachers on child rights and how to handle children's emotional and conduct problems.</p>
<p>Outcome 4:</p> <ul style="list-style-type: none"> Dissemination of materials on disaster risk reduction/early recovery among communities. Awareness raising on health with a special focus on breastfeeding and exclusive breastfeeding practices and hygiene for children, youth and their communities. 	<p><i>IEC materials disseminated on DRR and early recovery.</i></p> <p><i>Children, caregivers, volunteers and communities with knowledge of good health and hygiene practices, including exclusive breastfeeding practices.</i></p>	<p>Posters, leaflets and stickers have been distributed in 10 targeted villages (47,000 IEC materials). It is estimated that approximately 37,000 people were able to access the information through this dissemination as indirect project beneficiaries.</p> <p>Dissemination of Breastfeeding posters and Hygiene and Health Promotion posters and stickers resulted in significantly increased awareness of such issues in the community. Furthermore, the community workshop sessions provided the knowledge and practical application of how to improve community health in order that beneficiaries were able to keep</p>

<ul style="list-style-type: none"> • To support a community event: "Yogya Bangkit" through an exhibition on recovery and a photo/video contest (sharing of lessons learnt and information on DRR). 	<p>themselves, their families and their communities healthy.</p> <p>Community knowledge and awareness about disaster risk reduction, child protection, stress management and hygiene and health promotion was increased. Community members are now better equipped with the skills and knowledge required to deal with psychosocial related issues and the risks of living in villages vulnerable to disaster. Community members also have an increased understanding of the risks of living close to Mt Merapi and have learned coping mechanisms to deal with these risks</p> <p>The final evaluation survey results show that the PIMR project which targeted 3 groups in the community has contributed to the increasing awareness of community members about disaster risk reduction, child protection, stress management and hygiene and health promotion.</p> <p>2,600 people enthusiastically attended the Merapi Festival and the conclusion of the PIMR Project. Government representatives, AusAID and Plan Australia also attend this event.</p> <p>This event provided a space for target beneficiaries to express their creativity in art performance, handicraft and painting through skills learned during engagement in the CFS's. Youth and adult support groups were also provided with the opportunity to demonstrate their skills including screening the film of the participatory video monitoring that was produced by youth groups.</p> <p>This event also demonstrated an increased sense of self esteem of target beneficiaries as well as how the project contributed to develop positive</p>
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		values on peer, family and community relationships.
<p><i>Additional activities:</i></p> <ul style="list-style-type: none"> Start Up workshops with Partners, and stakeholders/beneficiaries. 		<p>A start up workshop was conducted in early February 2011, involving Plan and YLI staff. This workshop aimed to build a common understanding about the overall project design and project management between Plan and YLI.</p> <p>Furthermore, the workshop provided socialization about the PIMR project conducted in 10 target villages by YLI. This activity was attended by community members and respected village leaders. Meanwhile, socialization to government at a district level was carried out through Bappeda (Provincial Planning and Development Agency), BPBD (Provincial Disaster Management Agency) and DHO (District Health Office).</p> <p>The purpose of socialization activities was to gain beneficiaries engagement and ownership of the project as well as to ensure it's transparency from an early stage of implementation.</p>
<ul style="list-style-type: none"> Coordination with the Gol, United Nations and other agencies to ensure efficient and effective recovery program coordination. 	<p><i>Coordination mechanism operating effectively.</i></p>	<p>At the beginning, coordination with the Gol, UN and other agencies (NGOs/I-NGOs) was run well, through weekly or monthly coordination meetings. However, this coordination reduced from July 2011, as the recovery process began to conclude and supporting agencies began to withdraw. To manage this situation, PIMR maintained coordination directly with representatives at the district and village level. The main purpose is to consult and inform the progress of project achievement.</p>
<ul style="list-style-type: none"> Advocacy and awareness raising of Child Rights Programming to district and local authorities. 		<p>Child Protection workshops were held in the districts of Magelang, Klaten and Sleman, and the 10 villages. These workshops were attended by local authorities, community leaders, cadres and community members.</p> <p>Through a series of workshops, the community's knowledge in child</p>

		<p>protection issues was increased. Communities have received information on child rights and how to handle children's emotional and conduct issues.</p>
<ul style="list-style-type: none"> Monitoring and Evaluation. 	<p><i>Monitoring and evaluation conducted and informs future planning.</i></p>	<p>Monitoring and Reporting</p> <ul style="list-style-type: none"> Progress of project activities was monitored both by Plan and YLI project teams with assistance from community cadres / facilitators. Monthly reports – including a photodiary – were submitted as part of the internal reporting requirements of Plan International. Youth groups were actively involved in the monitoring process through innovative techniques by using participatory video documentaries, where they visited the project sites and filmed the process. A total of 18 videos were produced by youth groups. Plan M&R Officer and Project Coordinator also randomly monitored project activities through field visits. <p>Evaluation</p> <ul style="list-style-type: none"> A Psychosocial Impact Assessment took place in February 2011 and resulted in 13 recommendations which were incorporated into the developed work plan. An Internal Mid-Review was conducted in August 2011. The review resulted in changes in YLI team structure, a reduced number of beneficiaries, a change in implementation strategy through schools and communities and an increased focus on project quality. The PIMR Final Evaluation conducted by an external evaluator took place in December 2011. The final report of the evaluation is attached in Annex 1 .

2.5 Project Successes & Difficulties

Successes & Difficulties	Effect on Project	Actions Taken
Capacity building - YLI program and support staff gained experience in psychosocial programming, enhancing their skills and knowledge.	Staff had increased confidence which enabled them to better facilitate target communities.	N/A
The PIMR Mid-Review Report stated that the project seemed more focussed on reaching quantity of project target, opposed to quality in the delivery of its objectives.	Inability to reach all beneficiaries with the desired standard of quality.	As a result of the Mid-Term Review, target beneficiaries were reduced to 80% from the original target. A more focussed approach was also taken in order to ensure quality of project delivery.
There was a difference in perspective of project activities that should be covered from Plan and YLI and beneficiaries.	This sometimes resulted in low rates of community participation in some activities.	PIMR team had done close monitoring and provide technical support to YLI's team
Numerous and a broad range of issues incorporated in the project design.	Project priorities were confused resulting in confusion in YLI staff and a reduced ability to focus on priority issues.	Target activities were modified to only core activities in order to focus on the quality of core objective delivery.
There were some issues regarding the appropriateness of some activities in the response phase; it was felt that activities such as the CFS curriculum could be adapted to be more applicable to the recovery phase.	Reduced effectiveness of CFS implementation.	The CFS curriculum was to be revised by an external consultant, as specified in the Mid-Review Report.. It was done.
YLI staff were under-resourced with regard to staffing for the scale of the target areas.	This was not an issue for the majority of staff but a minority disclosed that they were suffering from physical and mental fatigue. YLI staff were limited in the extent to which target beneficiaries could be reached.	YLI has hired an additional volunteers.
Competency and internal issues of implementing partner. YLI has limited competencies in delivering psychosocial services and project implementation.	Reduced capacity to deliver project objectives.	Activities beyond the competencies of YLI staff were completed using external consultants such as an advisor from the Centre

		for Public Mental Health, Faculty of Psychology, University of Gadjah Mada managed directly by Plan Indonesia. YLI provided support with initial outreach in villages and schools. Interventions planning, implementation and monitoring at village level was carried out by Plan staff. Community Organisers were utilized at a community / school level and a focus put on increasing their capacity.
Time limitations: Due to the large scale recruitment and capacity building of cadres, community activities such as identification and socialisation with communities, respective government representatives and stakeholders were not initiated until March 2011. Program activities were initiated in May 2011.	Delay in reaching target beneficiaries.	At the beginning of the project there was a delay in achieving the beneficiaries target. After the Mid-Term Review in August 2011 however, several changes were made to achieve target activities and to reach target beneficiaries. These changes included changes to the YLI team structure, intervention through schools and additional activities related to Independence Day and during Ramadhan.
Several issues materialised around IEC development and distribution. A critical challenge was the question of how effective IEC messaging was and how it could best be communicated to target beneficiaries. A number of IEC messages were disseminated simultaneously and many were attached to bulletin boards or around people's homes. There is no way to insure that messages will reach the target audience using these methods.	Reduced reach of IEC messaging to beneficiaries and therefore reduced support to children, youth and their families through the provision of messages on DRR, child protection, health and early recovery.	YLI field staff (community organisers and program officers) attended community meetings and visited schools to socialise the IEC messages and took part in discussions if necessary. This helped insure messaging reached and furthermore was understood by beneficiaries.

2.6 Lessons Learned

- Many NGOs/INGOs conducted recovery programs in the same area, which resulted in target communities having access to many other activities outside of the PIMR project.
- Psychosocial intervention in a recovery setting is a demanding approach that requires the implementing partner to have the balanced skills to mobilise communities and to provide psychosocial services.
- Embedding of psychosocial and Child Right and Protection issues within teaching and learning strategies should not add to the “curriculum burden”. Action to conduct the education activities will be more effective when both the school community and government are engaged in the process.
- Psychosocial intervention may be conducted in any phase of disaster management and is now considered a life saving activity in the UN CERF guidelines. However it was felt that during this response, the psychosocial intervention was more beneficial during the post disaster phase. Additionally, psychosocial intervention would be seen to be beneficial in a pre-disaster context as it will create a space for capacity building to strengthen community readiness; as a kind of prevention and helping to increase community resilience to face a future disaster.
- An issue existed around the age classification of a child (defined as 13-18 years old) as well as the youth female (19-25 years old) who preferred to be involved in the adult-women's group rather than the youth group. Program design should concern the aspect of children's age classification (13-18 yrs) and the classification of youth females (19-25 yrs), in designing activities to accommodate their needs. Involvement of these groups in the early stages of planning will help the program design to be more sensitive and appropriate to respond to the groups needs. This would likely result in increased involvement of such beneficiaries in activities.
- A lesson learned around project design was to keep project design simple in order to avoid confusion and over committing. There were initially a number of objectives in the log-frame such as early recovery, child protection, health and disaster risk reduction. This was viewed as extensive for a psychosocial intervention program and resulted in a lack of distinct focus on the main program goal.
- Involvement of the Youth group in the project's monitoring has drawn attention and increased the motivation and confidence of the youth involved. This was an innovative and effective way of encouraging beneficiaries to engage with the project as well as a way to empower them.

The final evaluation report stated that the PIMR model was considered relevant to the needs of the community in the recovery phase, due to the approach of resumption of community daily life soon after the disaster. The main challenges exist at an operational level, whether this model is compatible with other recovery projects in target communities and how the PIMR approach make synergy with other recovery initiatives to give a significant impact to the quality of life of survivors. In addition to this skill, ability to weave PIMR activities with other recovery initiatives was also playing a significant role in resuming community pro-social life and it was clear that PIMR needs to complement to each other to build a healthy community comprehensively.

The approach taken to implementation was challenged in the PIMR Mid-Review report. The report challenged the approach of community-based intervention opposed to school-based intervention. School-based intervention was seen to be advantageous over community-based as students and teachers are seen to be potential agents for change and a medium through which psychosocial topics could be disseminated throughout the community. This was a lesson learned in the Mid-Review Report, which specified that school intervention will be targeted to reach

students and teachers. This is particularly relevant for psychoeducation (PFA and stress care/stress management topics) and to increase awareness of child protection topics.

3.0 PROJECT CROSS-CUTTING ISSUES

3.1 Gender Issues

- Activities of the PIMR project involved women with a wide range of age and social status both as beneficiaries and as implementers (CO, cadres, teachers, etc.). Men, women, boys and girls had equal opportunity to access the project activities. Between the months of May and October, boys and girls participated equally in CFS's indicating that girls and boys have equal opportunity to participate and have access to the CFS's. The program has been able to adapt well to the context of Yogyakarta and Central Java which was acknowledged by the communities. Activities such as vocational trainings and sport have provided opportunities for women to express themselves and to participate in group activities outside of their domestic environment.
- In total nine female and fourteen male project staff of YLI attended Gender Awareness Training held by PIMR and facilitated by Plan's Gender Specialist and the team. This was to ensure the project staff had the knowledge of how to carry out a more gender balanced outreach, consider gender aspects in project implementation and to help ensure that the project activities reached both genders.
- Data collection and IT management of the PIMR project were in the form of disaggregated data in every instance.

3.2 Environmental Assessment and Operational Program Management

- Care was taken to ensure planned and implemented activities did not have an adverse affect on the surrounding environment. Site selection for any latrines associated with the CFS's was undertaken with the full consultation of the local community and with full consideration of environmental factors.
- The overall implementation at field level was managed by YLI as implementing partner and directly supervised by Plan's program staff.
- Field staff were continue to motivate the communities to continue program activities through coordination with community cadres, village personnel and group activity coordinators. Effective communication between these people and groups should be improved in order that the community are informed of activities in advance, enabling community members to prepare for and take part in any such activities. There was a gap between YLI management and field staff in terms of communication, technical assistance and monitoring. This impacted on the ability of field staff to make decisions or participate in problem solving, thus impacting program delivery. Following recommendations from the Mid-Term Review, the project's strategy of implementation was changed, involving both program and YLI staff. Three database staff were hired to support Field staff to manage data on beneficiaries and activities. To ensure effectiveness and that optimum activities were implemented in 2 villages in Sleman district, 3 Community Organizers were recruited to assist those villages whose target and coverage area were larger than other villages. In addition, Psychological First Aid Training and Psychoeducation Sessions (Self Care / Stress Management) for teachers in schools helped the project to accomplish the objectives around psychosocial aspects of the intervention. By the end of the project, the number of beneficiaries was exceeded despite the fact that the Mid-Term Review recommended a reduction in the number of beneficiaries and suggested a stronger focus on on quality rather than bredth of the project.

3.3 Sustainability Post Project (e.g. capacity building)

- Impact assessment results led to recommendations for Psychoeducation in schools with high importance being placed on psychosocial well-being and the sustainability of such activities in schools.
- Knowledge of Psychological First Aid and Psychoeducation (Stress Management) is invaluable in dealing with any psychological issues in a community affected by disaster and is a skill that can be applied to daily crises. Communities were able to utilise their own coping mechanisms to reduce their psychological distress due to the eruption in simple ways and were able to help people around them to cope with their own "trauma". Community members have a good understanding of how to identify signs of stress, as distinct from trauma, and ways in which to deal with stress or issues arising from it.
- Involvement of community members as local cadres and facilitators will increase the sustainability of the program once it has been concluded. 280 community cadres trained to facilitate children's, youth and adult's groups will additionally help insure the sustainability of the program once it is closed.
- The involvement of District Government in this program was mainly for coordination purposes. Klaten region was more actively involved than Magelang and Sleman regions were. At a village level, almost all community members were involved in the program. The workshops and trainings that were conducted as part of the program were part of a strategy for post-program sustainability. Similarly the involvement of trained cadres in the program will help to guarantee that activity groups continue to function once the program has been concluded.
- Since its initiation, this project was considered to integrate aspects of sustainability. It was explicit in the project proposal that the project would run for only one year and objectives and activities reflected this. Capacity building of the target communities was a clear approach of the implementation. As mentioned above, through community and school intervention, the project aimed to strengthen local capacity to enable continued activities once the project has been closed.
- Two months before the program was concluded, field staff informed the community and respective local governments that the end of project was imminent. This was achieved officially through the Lessons Learned Workshop on November 10, 2011; and through the Handover and Closing Ceremony on 13 November 2011.
- Relevant government staff in the district were trained to support communities after the PIMR project/Plan exits.
- YLI Program staff were trained on various aspects of project implementation so that they are able to improve their psychological programming in the future.
- The IEC materials developed by this project are being used by local facilitators / cadres to help their own community provide information of psychosocial issues, DRR, health, child protection and gender when needed.

3.4 Targeting the most vulnerable

Beneficiaries were selected based on the following criteria:

- 1) Volcano eruption-affected communities;
- 2) Children and Youth indicating the signs of psychosocial stress;
- 3) Adults from families that have children under five and/or families with more than five persons;

- 4) Households that have pregnant and breastfeeding mothers;
- 5) Women from woman headed households;
- 6) Orphans;
- 7) People with disabilities.

3.5 Promotion of Australian Identity

- The AusAID logo was present during project implementation (communication materials) as part of visibility
- Targeted communities were familiar with the project and were aware that it had been funded by AusAID and run by YLI and Plan Indonesia.

4.0 FINANCIAL ACQUITTAL

4.1 Report Against Budget

Please refer to separate formal acquittal document as part of the final submission requirements.

4.2 Project Assets and Their Disposal

All materials developed and distributed and utilised in this project have remained under the management of the communities and beneficiaries that were targeted for the intervention.

5.0 DECLARATION

I declare:

- this report is complete and accurate;
- the acquittal attached is a correct record of income and expenditure for this project;
- interest earned on AusAID funds has been calculated accurately and applied to the project or refunded to AusAID;
- the expenditure detailed in the acquittal has been extracted from the NGO's (or the delivery organisation's) financial accounting records;
- a detailed record of income and expenditure at an individual item level is available;
- the funds allocated to the project were used in accordance with Agreement #, Exchange of Letters #, and the Project Proposal, including any variations to the proposal approved by AusAID in writing.

Full Name:

Signature: _____

Position:

Date: