

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
PHILIPPINES
RAPID RESPONSE
TYPHOON 2015**

**RESIDENT/HUMANITARIAN COORDINATOR,
a.i.**

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REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

The After-Action Review was facilitated by OCHA on 13 July. In attendance were the Food and Agriculture Organization, United Nations High Commissioner for Refugees, International Organization for Migration and International Federation of Red Cross and Red Crescent Societies.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

This report was shared with the CERF recipient agencies, cluster coordinators and the Humanitarian Country Team. The recipient agencies were instructed to share the report with their implementing partners and relevant government counterparts.

I. HUMANITARIAN CONTEXT

| TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$) | | |
|--|---|------------------|
| Total amount required for the humanitarian response: 2,768,870 | | |
| Breakdown of total response funding received by source | Source | Amount |
| | CERF | 1,512,074 |
| | COUNTRY-BASED POOL FUND (if applicable) | 0 |
| | OTHER | 766,796 |
| | TOTAL | 2,278,870 |

| TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$) | | | |
|--|---------------|----------------|------------------|
| Allocation 1 – date of official submission: 17-Nov-15 | | | |
| Agency | Project code | Cluster/Sector | Amount |
| FAO | 15-RR-FAO-034 | Agriculture | 1,111,305 |
| WHO | 15-RR-WHO-053 | Health | 400,769 |
| TOTAL | | | 1,512,074 |

| TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$) | |
|--|------------------|
| Type of implementation modality | Amount |
| Direct UN agencies/IOM implementation | 1,347,883 |
| Funds forwarded to NGOs and Red Cross / Red Crescent for implementation | 164,191 |
| Funds forwarded to government partners | 0 |
| TOTAL | 1,512,074 |

HUMANITARIAN NEEDS

Typhoon Koppu made landfall in Aurora province in Central Luzon on 18 October 2015, causing widespread flooding, flash floods and landslides across 14 provinces in seven regions of Luzon Island. In these provinces, 68 municipalities reported more than 30 per cent of their total population were affected. The Government reported 713,000 people remained displaced, with 9,000 hosted in evacuation centres, by early November.

Government-led agriculture and health sector assessments indicated severe damage to crops at harvest time and health threats from large-scale flooding combined with displacement. This raised serious concerns regarding food security, malnutrition, and attendant health impacts for the most vulnerable populations.

Food security

Typhoon Koppu flooded vast tracts of agricultural land in Regions II and III in Northern and Central Luzon. The estimated cost of damage to agriculture reached US\$215.9 million, primarily in crop losses. Over 460,000 ha of rice, corn and high-value crops were affected with a combined production loss approaching 600,000 metric tons. Rice, which is the food staple crop in the Philippines, constituted 86 per cent of the crop production losses according to the Department of Agriculture (DA). Over 500,000 metric tons of rice were either damaged or lost due to the typhoon. Of this, nearly 230,000 metric tons or 45 per cent, valued at \$69.3 million, was in Nueva Ecija province. The three hardest-hit provinces in terms of total agricultural production losses were Nueva Ecija (\$73.5 million) and Tarlac (\$28.7 million) in Region III, and Isabela (\$26.3 million) in Region II. According to the government-led, multi-sectoral initial rapid damage and needs assessment (RDANA) undertaken from 22 to 27 October, a significant reduction in the production of rice was expected in Region III.

Many small-scale farmers did not have access to credit, and their cropping season (May to October) was already severely damaged by El Niño, which had been intensifying since early 2015. The combined impact of El Niño drought and loss of remaining harvest to Typhoon Koppu was further aggravated by the flood-induced loss of seed stocks for the next planting season. This raised serious concerns regarding food insecurity, malnutrition and attendant health impacts for the most vulnerable populations.

As such, it was crucial that affected farmers in Region III, considered the rice bowl of the Philippines, be provided assistance to immediately restore their farming activities. Failure to do so would have affected their primary source of income for the season as well as the supply of rice, therefore threatening their food security. If the planting season was missed, the next opportunity to plant rice was during the following wet season, which wouldn't have been harvestable until October 2016. This would have forced farmers and their families to continue to rely on food assistance for about a year. The food production in some of the affected areas was further affected by the drought caused by El Niño.

Health

Severe flooding, water supply contamination, large scale displacement, and food insecurity significantly increased the risk of disease outbreaks and malnutrition. These risks were compounded by uneven coverage of health services in the affected areas, low immunization coverage, and a history of cholera, leptospirosis and dengue outbreaks.

The populations most at risk of outbreak were those in areas directly affected by the typhoon with compromised food security and low basic health service coverage. Approximately 2 million people live in municipalities where more than 50 per cent of population was directly affected. In light of significantly increased risks of outbreak and malnutrition, additional targeted surveillance and response linked to life-saving mobile health service delivery was required.

II. FOCUS AREAS AND PRIORITIZATION

Food security

The project responded to the urgent needs of farmers in Region III (Nueva Ecija and Pampanga) who were affected by Typhoon Koppu and drought due to El Niño as prioritized by the Government. The timely provision of certified rice seeds and fertilizers, which were planted during the December-January season, ensured that targeted farmers were not dependent on external food aid for one full cropping season, and that their food returned to normal as soon as possible.

Health

The project addressed the urgent health needs of affected populations in 18 selected municipalities in the provinces of Pampanga, Pangasinan, Tarlac and Nueva Ecija. The following lifesaving activities were prioritized to address the urgent needs of approximately 2 million people living in the most affected municipalities:

- Essential lifesaving health services including primary medical and surgical care, reproductive health services, mental health and psychosocial support, nutrition, health promotion and immunization through mobile medical services to areas without health facilities and temporary health facilities in areas with damaged barangay health stations to ensure geographical accessibility and continuation of services. We would also augment medicines and supplies to affected health facilities.
- Disease surveillance and early warning systems in priority areas through the setting up of Surveillance in Post Extreme Emergencies and Disasters (SPEED) at the barangay level, and improved readiness for disease outbreak response.

SPEED is the emergency disease surveillance and early warning system of the Department of Health (DOH). With the combined efforts and resources of DOH and health partners, the capacity for data collection, transmission, validation, analysis and report generation had been built only to the municipal level rural health unit (RHU). It was left to the local governments to capacitate their staff at the barangay level, but the barangay health station staff members were not capable of surveillance data collection and reporting. At this level, SPEED

is instrumental in the early detection and identification of potential outbreaks, hotspots and pockets of populations in urgent needs. While SPEED training had been provided several years prior, many trained staff members at the RHU level had left and been replaced by staff members not yet familiar with the system.

III. CERF PROCESS

The HCT's inter-cluster coordination group (ICC) met on 30 October 2015 to review gaps in sectoral response and agreed that HCT's response to the typhoon would focus on agriculture and health needs for which government agencies had requested assistance based on the findings of their needs assessments. Other humanitarian needs were well covered according to the rapid damage and needs assessment. The proposed CERF request would be implemented over six months.

Food security

While the Government did not formally seek international assistance, DA had directly requested FAO to help affected small-scale farmers restore their food and nutrition security and agriculture-based livelihoods. FAO participated in the RDANA and coordinated closely with DA in prioritizing assistance based on the assessed damage in terms commodity, areas, as well as the capacity of DA to respond. At the onset, FAO engaged with project stakeholders through consultations and response planning meetings to tailor response activities to the needs and conditions of the beneficiaries. This coordination of activities with partners helped avoid service overlaps and wasting precious resources, and allowed for more effective targeting of beneficiaries. Those households directly affected by Typhoons Koppu and Melor (and eventually by El Niño) with land with a water source or irrigation and who had not received similar assistance from other agencies or organizations were prioritized.

Health

DOH, as the lead agency for the health cluster, convened coordination meetings. Partner agencies including WHO, UNICEF, UNFPA, International Medical Corps, Action Against Hunger, Plan International and Oxfam joined the Government's assessment of the most affected areas in Pangasinan, Nueva Ecija, Aurora, Pampanga, Tarlac, Benguet and Abra. These areas were selected based on the results of assessments jointly carried out by health cluster partners with Government counterparts, as well as assessments of additional areas by WHO in collaboration with regional, provincial and municipal health authorities.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

| Total number of individuals affected by the crisis: | | | | | | | | | |
|---|--------------|--------------|----------------|-------------|------------|----------------|-----------------|---------------|----------------|
| Cluster/Sector | Female | | | Male | | | Total | | |
| | Girls (< 18) | Women (≥ 18) | Total | Boys (< 18) | Men (≥ 18) | Total | Children (< 18) | Adults (≥ 18) | Total |
| Agriculture | 21,338 | 24,062 | 45,400 | 32,688 | 35,412 | 68,100 | 54,026 | 59,474 | 113,500 |
| Health | 49,396 | 55,968 | 105,364 | 50,880 | 55,756 | 106,636 | 100,276 | 111,724 | 212,000 |

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

BENEFICIARY ESTIMATION

For food security, FAO consulted with DA to prioritize provinces, municipalities and barangays based on the extent of damage to rice crops and DA's planned response. As households were targeted, the disaggregation by sex and age was estimated using official census data for the targeted areas. For health, WHO worked with DOH to identify affected barangays assessed to be most vulnerable to disease outbreaks. Beneficiary numbers were estimated using official census data and methods used by DOH for estimating population by age

group. FAO and WHO shared their lists of targeted barangays to cross-reference beneficiaries of both projects, using official census data to estimate the total number of direct beneficiaries reached through CERF funding and disaggregate the number by sex and age.

| TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING² | | | |
|---|---------------------------------|----------------------------|----------------|
| | Children (< 18) | Adults (≥ 18) | Total |
| Female | 33,932 | 117,160 | 151,092 |
| Male | 45,273 | 128,513 | 173,786 |
| Total individuals (Female and male) | 79,205 | 245,673 | 324,878 |

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

CERF RESULTS

The CERF project reached the targeted number of households for health and exceeded its target for food security.

Food security

A total of 22,700 households (113,500 people) from Nueva Ecija and Pampanga benefited: 13,000 households (65,000 people) received bags of certified rice seeds and fertilizer, while the remaining 9,700 households (48,500 people) received just fertilizer.

Health

Life-saving primary medical and surgical services were provided to the most at-risk populations in 18 high priority municipalities. Disease surveillance and early warning systems were also established and made functional at the barangay level in these municipalities. In five municipalities identified as having the highest household food insecurity, cases of acute malnutrition in children less than 5 years of age among the affected populations were managed at community level, or referred when needed.

Mobile medical units provided primary care services to residents of 56 barangays in 18 municipalities. A total of 6,560 patients sought consultation, including 497 pregnant and lactating women who availed of reproductive health services, while 159 cases were referred for higher level care. Of the 6,560 patients, 38% (2,502) were children less than 5 years of age.

Emergency disease surveillance was established and strengthened in all barangays in the 18 municipalities included in the project, benefitting the whole population in these areas. Disease alerts were investigated and responded to within 48 hours. No communicable disease outbreaks occurred.

Nutrition screening was provided to 6,889 children less than 5 years of age. Thirty-five cases of severe acute malnutrition (SAM) without complications were managed at the community level, while 4 cases with complications were referred to hospitals. The health facilities and staff of barangays where the cases of SAM were detected have been equipped with knowledge and skills as well as anthropometric measurement tools to detect, diagnose and manage SAM without complications.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

The funds enabled FAO to quickly complement the Government's early recovery efforts with the provision of rice seeds and fertilizers to the most needy areas in time for the imminent planting season.

CERF funds also enabled quick procurement of essential medicines and supplies, and the deployment of mobile medical teams.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

The swift response, which complemented the Government’s early recovery efforts, enabled rice farmers to catch the imminent planting season and prevented them from incurring further income losses and reduced supply of rice. Missing that opportunity could have resulted in six months without adequate income or falling into greater debt – a serious issue that farmers face especially in time of crisis.

CERF funds also made possible the establishment of emergency disease surveillance and early warning systems in affected communities particularly in those with a history of cholera and low immunization coverage.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

FAO used surplus donor funds from previous projects, with donors’ permission, to augment its budget, but it did not leverage the CERF funds to seek additional donor funds.

No additional resources were received from donors. However, CERF funds augmented initial minimal resources provided by the organization.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

FAO shared with WHO information on list of barangays/municipalities covered by FAO intervention to coordinate overlapping beneficiaries. However, even without CERF funds, the coordination amongst the humanitarian community in the country has always been strong.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
|---|--|--------------------|
| It is difficult to provide the gender and age disaggregated data requested in the CERF report because local statistical data is not comparable (e.g., here most government age stratifications are ≤19 y.o., not ≤18 y.o.) and targeted populations are often by household, not individuals | Allow for greater flexibility or provide additional guidance for providing the requested data. | CERF |

¹ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
|--|---|------------------------|
| <p>CERF requests should be based on gaps in need, which are demonstrated by the RDANA. If that isn't available, what alternative sources do we have?</p> | <p>HCT's Emergency Response Preparedness Working Group (ERPWG) is discussing this matter. One option is to work more closely with the Philippine Red Cross to use their assessments. Members of the Philippines INGO Network (PINGON) also conduct their own assessments, which can be shared with the HCT to inform the decision-making process. Additionally, ERPWG is pushing to use similar data collection formats to make data comparable.</p> | <p>ERPWG, Clusters</p> |
| <p>Generally speaking, the availability of Government funding does not seem to be the problem. Rather, bureaucratic processes and legal matters can significantly delay or hinder immediate access to those funds.</p> | <p>CERF also provides loans; this option can be explored more in between emergencies to see if it is a viable alternative. Also, CERF should not be a sole source for funding; HCT should also be seeking more support from donors. Because there are competing priorities, it is critical to target life-saving, quick and solid projects. ERPWG is currently working on contingency plans that will better prepare the clusters and HCT to expedite CERF and donor appeals when disaster strikes.</p> | <p>ERPWG, Clusters</p> |

VI. PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | | | | |
|---|---|----------------|---|---|----------------|----------------|
| CERF project information | | | | | | |
| 1. Agency: | FAO | | 5. CERF grant period: | 01/12/2015 – 31/05/16 | | |
| 2. CERF project code: | 15-RR-FAO-034 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Agriculture | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Emergency assistance in restoring food security and agricultural production in Typhoon Koppu affected communities | | | | | |
| 7. Funding | a. Total funding requirements ² : | US\$ 4,800,000 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received ³ : | US\$ 1,667,870 | ▪ <i>NGO partners and Red Cross/Crescent:</i> | | US\$ 0 | |
| | c. Amount received from CERF: | US\$ 1,111,305 | ▪ <i>Government Partners:</i> | | US\$ 0 | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| <i>Children (< 18)</i> | | | | | | |
| <i>Adults (≥ 18)</i> | 26,000 | 39,000 | 65,000 | 45,400 | 68,100 | 113,500 |
| Total | 26,000 | 39,000 | 65,000 | 45,400 | 68,100 | 113,500 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | Number of people (Reached) | | | |
| <i>Refugees</i> | | | | | | |
| <i>IDPs</i> | | | | | | |
| <i>Host population</i> | | | | | | |
| <i>Other affected people</i> | | | 65,000 | | 113,500 | |
| Total (same as in 8a) | | | 65,000 | | 113,500 | |

² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

³ This should include both funding received from CERF and from other donors.

| | |
|--|--|
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | The CERF grant was used to procure 13,000 bags of certified rice seeds and urea fertilizer. The overachievement in terms of actual beneficiaries reached is attributed to savings realized, which enabled fertilizer support, through coordination with DA, to an additional 9,700 households. Vegetable seeds were not procured from the grant but from another funding source. In terms of provincial targets, the CERF funding supported affected farmers in Nueva Ecija and Pampanga based on agreement with DA to minimize overlap and duplication of similar interventions. Tarlac province was supported by DA and FAO through another funding mechanism. Vegetable seeds were not procured from the CERF grant in order to reach more rice farmers, as the number of affected farmers proved to be higher compared to initial estimates. |
|--|--|

| CERF Result Framework | | | |
|------------------------------|---|------------------------------------|---|
| 9. Project objective | Improving the food security and agricultural production of 13,000 farm families in Nueva Ecija and Pampanga provinces in a six-month period | | |
| 10. Outcome statement | Typhoon Koppu affected-farmers have restored their agriculture-based livelihoods | | |
| 11. Outputs | | | |
| Output 1 | 13,000 farmers receiving certified rice seeds and fertilizers | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Provision of certified rice seeds, vegetable seeds and fertilizers to target beneficiaries | 100% (13,000 households) | 22,700 households |
| Indicator 1.2 | Areas planted with rice seeds | Rice – 13,000 hectares | 13,000 ha |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Procurement of 13,000 bags rice seeds, 13,000 complete fertilizers | FAO | FAO distributed 13,000 bags rice seeds 22,700 complete or urea fertilizers |
| Activity 1.2 | Identification, validation and profiling of beneficiaries | FAO, local government units (LGUs) | FAO, LGUs |
| Activity 1.3 | Distribution of agricultural inputs | FAO, DA, LGUs | FAO, DA, LGUs |
| Activity 1.4 | Monitoring and assessment of initial impact of intervention and report writing | FAO, DA, LGUs | DA and LGUs are continuing monitoring |

| |
|--|
| 12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons: |
| Per the project document, FAO planned to assist three provinces (Pampanga, Nueva Ecija and Tarlac). However, upon further consultation with DA, FAO assistance covered only Pampanga and Nueva Ecija to minimize overlap and duplication of similar intervention from DA and other agencies. |

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

AAP principles were integrated in the overall design and implementation of FAO response to Typhoon Koppu. During the initial phase of implementation, all staff members – including partners from DA-Region III and local governments – were oriented on AAP as FAO's commitment to local communities. Specific AAP activities included:

- The project team explained FAO beneficiary targeting methodology and AAP mechanisms at the municipal and barangay levels. Pre-distribution meetings were also held with partners prior to the actual distribution to refine distribution processes and minimize delays during the actual distribution activity.
- Staff members allotted time for technical orientation and briefing for each input distributed. This was to ensure that beneficiaries knew how to use the inputs.
- Key messages involving feedback mechanisms, selection processes, and further implementation arrangements were provided prior to distribution.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

Due to time constraints, FAO was not able to implement a comprehensive evaluation of the impact of the project. As agreed at the outset of the project, monitoring and evaluation of the results of the project will be undertaken by the DA, the partner agency, which will provide useful insights and important guidelines for implementation of similar projects in the future.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | | | | |
|---|--|----------------|---|---|----------------|----------------|
| CERF project information | | | | | | |
| 1. Agency: | WHO | | 5. CERF grant period: | 01/11/2015 – 30/04/2016 | | |
| 2. CERF project code: | 15-RR-WHO-053 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Health | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Targeted life-saving basic health services and public health interventions in most at risk typhoon affected municipalities | | | | | |
| 7. Funding | a. Total funding requirements ⁴ : | US\$ 910,000 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received ⁵ : | US\$ 610,769 | ▪ <i>NGO partners and Red Cross/Crescent:</i> | | US\$ 164,191 | |
| | c. Amount received from CERF: | US\$ 400,769 | ▪ <i>Government Partners:</i> | | US\$ 0 | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| <i>Children (< 18)</i> | 12,720 | 12,720 | 25,440 | 12,720 | 12,720 | 25,440 |
| <i>Adults (≥ 18)</i> | 93,280 | 93,280 | 186,560 | 93,280 | 93,280 | 186,560 |
| Total | 106,000 | 106,000 | 212,000 | 106,000 | 106,000 | 212,000 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | | Number of people (Reached) | | |
| <i>Refugees</i> | | | | | | |
| <i>IDPs</i> | | | | | | |
| <i>Host population</i> | | | | | | |
| <i>Other affected people</i> | 212,000 | | | 212,000 | | |
| Total (same as in 8a) | 212,000 | | | 212,000 | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either</i> | | | | | | |

⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁵ This should include both funding received from CERF and from other donors.

| | |
|--|--|
| the total numbers or the age, sex or category distribution, please describe reasons: | |
|--|--|

| CERF Result Framework | | | |
|------------------------------|--|---------------------------------------|---------------------------------------|
| 9. Project objective | Provision of essential lifesaving health services for the most at risk populations in selected municipalities in the provinces of Pampanga, Tarlac, Nueva Ecija, Pangasinan | | |
| 10. Outcome statement | Reduced avoidable morbidity and mortality among 212,000 persons affected by the typhoon | | |
| 11. Outputs | | | |
| Output 1 | Provision of lifesaving primary medical/surgical services to most at risk populations in 18 high priority municipalities | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Number of fully functional health facilities providing selected relevant services | 54 | 54 |
| Indicator 1.2 | Number of barangays served with mobile health services | 36 | 56 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Establish temporary health facilities (tents) | WHO | Not done |
| Activity 1.2 | Deployment of mobile medical teams | International Medical Corps | International Medical Corps |
| Activity 1.3 | Augment emergency medicines, supplies, | WHO | WHO |
| Output 2 | Disease surveillance and early warning system established and functional at the barangay level in 18 high priority municipalities | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | Percentage of disease alerts reported, investigated and responded to within 48 hours | 100% | 100% |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Provide technical support and necessary human resource augmentation to up to 18 rural health units | WHO and Philippine Nurses Association | WHO and Philippine Nurses Association |
| Activity 2.2 | Build capacity of barangay health workers on emergency disease surveillance data collection and reporting | WHO and Philippine Nurses Association | WHO and Philippine Nurses Association |
| Output 3 | Cases of acute malnutrition in children under 5 among the affected populations in five municipalities (Capas, San Jose, Jaen, Cuyapo, Gapan, Moncada) identified as among those with highest household food insecurity are managed at community level, or referred when needed (targeted number of children under 5 to be screened is 5,000) | | |
| Output 3 Indicators | Description | Target | Reached |
| Indicator 3.1 | Number of children under 5 screened for acute malnutrition using MUAC | 80% | 134% (6,889) |
| Indicator 3.2 | Percentage of cases of acute malnutrition managed at community level, or referred | 80% | 100% |

| Output 3 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
|---------------------|---|--------------------------|-------------------------|
| Activity 3.1 | Screening of children under 5 in identified priority areas | ACF | ACF and IMC |
| Activity 3.2 | Strengthen capacity of peripheral health facilities in the management of acute malnutrition and referral of cases of SAM with complications | ACF | ACF |

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

- Indicator 1.2 – Residents of barangays adjacent to the ones actually visited by the mobile medical units were accommodated and availed of the services provided. This was the agreement with the municipal health officers of the selected municipalities.
- Activity 1.1 – Damaged barangay health stations were already in various stages of repair by the time of project implementation.
- Indicator 3.1 – Nutrition screening was also done by the mobile medical units of the IMC, covering areas in addition to those covered by ACF.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The rapid needs assessment conducted jointly with government included interviews with local officials and residents of affected communities. Local officials in the selected barangays were consulted on scheduling of activities, their roles and how they could contribute to the successful implementation of the interventions. Through town hall meetings, residents were informed of what services could and could not be provided by the mobile teams and ideas were solicited on how the activities could be provided more effectively. Volunteers among the residents were sought who would help ensure the orderly conduct of the medical consultations.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

Post-incident evaluations were conducted on 13 April 2016 in Pangasinan and 30 May 2016 in Tarlac, Pampanga and Nueva Ecija with the DOH regional health offices, provincial and municipal health officers and implementing partners. The consultation process in the identification and selection of priority provinces, municipalities and barangays for intervention was cited favourably by the subnational (region, province, municipality) health offices.

EVALUATION PENDING

The nutrition screening by ACF showed global acute malnutrition rates were higher in Tarlac compared to the other provinces included in the project. This was readily acknowledged by the provincial health officer and attributed to the significant presence of indigenous populations in very remote areas. The capacity for community-based management of acute malnutrition gained by the beneficiary barangays will provide significant contribution in the efforts to address malnutrition in the province.

NO EVALUATION PLANNED

Activities supported by the CERF funds will continue to benefit the residents of the selected communities beyond the life of the project. The mobile medical units were able to provide services to barangays not regularly visited by doctors from the rural health units. A lack of resources, however, continues to be the main cause for inadequate health service delivery particularly in the remote communities.

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project Code | Cluster/Sector | Agency | Partner Type | Total CERF Funds Transferred to Partner US\$ |
|-------------------|----------------|--------|--------------|--|
| 15-RR-WHO-053 | Health | WHO | INGO | \$35,000 |
| 15-RR-WHO-053 | Health | WHO | INGO | \$75,000 |
| 15-RR-WHO-053 | Health | WHO | NNGO | \$54,191 |

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|--------|---|
| AAP | Accountability to Affected Populations |
| ACF | Fundacion Accion Contra el Hambre (Action Against Hunger) |
| CERF | Central Emergency Response Fund |
| DA | Department of Agriculture |
| DOH | Department of Health |
| ERPWG | Emergency Response Preparedness Working Group |
| FAO | Food and Agriculture Organization of the United Nations |
| HCT | Humanitarian Country Team |
| IDP | Internally Displaced Persons |
| IMC | International Medical Corps |
| OCHA | Office for the Coordination of Humanitarian Affairs |
| PINGON | Philippines International Non-Government Organization Network |
| PNA | Philippine Nurses Association |
| RDANA | Rapid Damage and Needs Assessment |
| RHU | Rural Health Unit |
| SAM | Severe Acute Malnutrition |
| SPEED | Surveillance in Post Extreme Emergencies and Disasters |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children Fund |
| WHO | World Health Organization |